



**2025 Lexington Police Department Youth Mentorship
Camp Application**

Camper Name: _____ Male or Female
Last First Middle

Parent/Guardian: _____
Last First Relationship to Camper

Home Address: _____

City: _____ Zip: _____ Camper's DOB: _____

Ages 11, 12, 13, 14, 15, and 16 will be considered for the camp. Please circle the appropriate age of the camper.

Camper's T-Shirt Size: _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

Emergency Contact: _____ Phone Number: _____
Last Name First Name

Please attach a photo of the camper applying for youth camp and also if they have any food allergies.

Daily Activities Include:

- CSI / Criminal Detective Demonstration
- K9 Demonstration
- SWAT Demonstration
- Guest Speakers
- Topgolf
- Bowling

Parent / Guardian Signature: _____ Date: _____

Please mail or deliver all applications to:
Lexington Police Department
Attention: Ofc. Burns or Ofc. O'Bryon
106 North Main Street
Lexington, NC 27292

****Application deadline is July 16, 2025****

If you have any questions or concerns, please contact Captain Best at RLBest@lexingtonnc.gov 336-243-3302.