Mission:
Our mission is to provide an active, positive, and exciting environment for youth to participate in a variety of recreational opportunities.

What is O.K.R.A.?:
O.K.R.A. is a FREE summer day camp providing youth ages 6-10 and 11-14 a week-long opportunity to participate in structured recreation activities. The camp provides age appropriate, engaging instruction promoting and fostering active participation. Activities include: kayaking, canoeing, fishing, disc golf, swimming, floor hockey, interactive and team-building games, non-competitive team sports, and other recreational activities.

Ages/Dates/Times:
8am – 5pm Monday-Friday
Ages 6-10 – May 24th -28th
Ages 11-14 – May 31st – June 4th

Location:
O.K.R.A. Day Camp will be hosted on the Delta State University campus at the Forest E. Wyatt Center. The camp will utilize many facilities and fields on the DSU campus including the Aquatic Center. Campers are encouraged to bring their swim suits and a towel.

Staff:
O.K.R.A. Day Camp is directed and supervised by recreation professionals. Each recreation leader is first-aid and CPR certified.

For More Information:
To enroll your child in OKRA Day Camp, or for more information, fill out the enrollment form on the back of this brochure and drop off or mail to address listed.

662.846.4570
Enrollment Form:
Registration is essential for program organization and administration.

Camper's Name______________________________________________________

Age (at time of camp): __________ Entering Grade:____________________

Date of Birth ____/____/________ Gender:       BOY           GIRL

Home Address:_______________________________________________________

City: ______________________________________ State: _______ Zip: _______

How did you hear about O.K.R.A. Summer Camp? (Check all that apply)

_____ DSU Web Site   _____ DSU Rec. Center   _____ Newspaper

_____ Radio      _____ DSU Statement       _____ Other

Your University Affiliation:

_____DSU Employee   _____DSU Student   _____Community   _____ Other

Parent/Guardian:

Name: ______________________________________________________________

Relationship:________________________________________________________

Day Phone (        ) ________-___________  Cell (        ) ________-___________

Email ______________________________________________________________

Emergency Contact:

Name: ______________________________________________________________

Day Phone (        ) ________-___________  Cell (        ) ________-___________

Relationship _____________________________________________________

Drop off at Forest E Wyatt Center HPER office or Send To:

Todd Davis, Camp Director
Delta State University
Division of HPER Box B2
Cleveland, Mississippi  38733
662.846.4570