



## HON. THOMAS D. HORNE LEADERSHIP IN THE LAW PROGRAM 2020

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### Application

Administered by the Loudoun Bar Foundation

Camp Dates: June 21 - 26, 2020

Please fill out this form using [blue](#) ink and mail it to:  
Hon. Thomas D. Horne Leadership in the Law Program  
Attn. Penn Bain  
Sevila, Saunders, Huddleston & White, P.C.  
30 N. King Street  
Leesburg, VA 20176

Name \_\_\_\_\_

Age/DOB \_\_\_\_\_

Male  Female

Parent/Guardian's Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent/Guardian's Home Phone \_\_\_\_\_

Parent/Guardian's Work Phone \_\_\_\_\_

Parent/Guardian's E-mail Address \_\_\_\_\_



Name of Your High School \_\_\_\_\_

Current Year in School \_\_\_\_\_

Name of Your US History Teacher \_\_\_\_\_

Extracurricular Activities & Years Participated. *Please attach written list.*

Do you speak any language other than English? \_\_\_\_\_

If yes, how many years have you spoken/studied each? \_\_\_\_\_

**ATTACHMENTS:**

- Tell us the most interesting thing about you, the most interesting thing you've ever done or the most interesting place you've ever been. *(Please attach your answer/statement to this application.)*
- We recommend that you attach a letter of reference from a teacher, coach, or other adult who will recommend your participation in this program.

**SPECIAL NEEDS FORM** *(Please attach a separate sheet if needed to accommodate your response(s).):*

1. Will you require wheelchair accessible accommodations? yes no
2. Will you need the use of a wheelchair at all meetings? yes no
3. Do you have any special dietary needs? yes no If yes, please describe in detail.
4. Do you take any prescription drugs? yes no If yes, please list all medications.
5. Do you have any allergies? yes no If yes, please list.
6. Do you have any other special needs? yes no If yes, please list.

***APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 10, 2020.***

CANCELLATION POLICY:

Please provide notice of cancellation no later than May 8, 2020, by contacting Penn Bain at 703-777-5700 or at [rpbain@sshw.com](mailto:rpbain@sshw.com).

I have read and I agree to the cancellation policy.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**HON. THOMAS D. HORNE LEADERSHIP IN THE LAW PROGRAM**  
**PARTICIPATION AGREEMENT**

1. Students are expected to participate fully in all scheduled activities.
2. Students are expected to treat themselves and others with dignity and respect.
3. Students are expected to abide by the Rules of Conduct provided in the information packet.
4. Students are expected to abide by the curfew policy provided in the information packet.
5. Students are expected to leave the Camp facilities in the same (or better) condition as when they found them when they arrived.
6. Students are expected to cooperate with the Camp Staff.
7. Students are absolutely forbidden to possess and/or use alcoholic beverages, and tobacco products.
8. Students are absolutely forbidden to possess and/or use drugs other than those prescribed by a doctor and stated in this application or accompanied by a doctor's note.
9. Students and a parent/guardian must attend the mandatory Parent/Camper meeting on:

**Tuesday June 16, 2020 at 6:00 p.m.**  
**Old Courthouse, Leesburg, VA**  
**Corner of Market and King Streets**

I have read and understand the rules for participation. I also understand that if I am found to be in violation of any one or more of these rules, or if I act in a fashion that creates safety issues for the participants, sponsors, staff or instructors, I may be asked to leave and be sent home at my own expense.

Participant's Signature \_\_\_\_\_

Concurrence by Parent or Guardian:

I understand the above agreement and will support my son/daughter and the adult supervisors in adhering to the rules of participation.

Parent/Guardian Signature \_\_\_\_\_