



**HEALTH
CAREER**
EXPLORATION
FOR
**HIGH
SCHOOL**
STUDENTS

SAVE the DATE

CAMP DATE _____

TIME _____

LOCATION _____

CONTACT _____

doh.sd.gov/programs/scrubs-camp/



**HEALTH
CAREER**
EXPLORATION
FOR
**HIGH
SCHOOL**
STUDENTS

SAVE the DATE

CAMP DATE _____

TIME _____

LOCATION _____

CONTACT _____

doh.sd.gov/programs/scrubs-camp/



**HEALTH
CAREER**
EXPLORATION
FOR
**HIGH
SCHOOL**
STUDENTS

SAVE the DATE

CAMP DATE _____

TIME _____

LOCATION _____

CONTACT _____

doh.sd.gov/programs/scrubs-camp/



**HEALTH
CAREER**
EXPLORATION
FOR
**HIGH
SCHOOL**
STUDENTS

SAVE the DATE

CAMP DATE _____

TIME _____

LOCATION _____

CONTACT _____

doh.sd.gov/programs/scrubs-camp/