

Complete this application and return it to the following address by **MAY 20, 2009**

New London County 4-H Camp
Box 6002
Norwich, CT 06360

New London County 4-H Camp

CAMPERSHIP APPLICATION

(Information provided is held in confidence)

Camper's Name: _____ Date of Birth: _____
Age as of July 1st: _____
Address: _____ Phone: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Total Family Income: _____

Number and ages of other children living at home: _____

Camp Session Desired: _____

Has the camper attended the New London County 4-H Camp before? _____ Yes _____ No

Has the camper received a campership before? _____ Yes _____ No

Is camper a member of a 4-H club in New London County? If yes, name the club: _____

Reason for requesting financial help for camp: (If more room is needed, use back of page)

If you are a member of a New London County 4-H club please submit a recommendation by your leader.

Total Camp Fee: \$ _____

Amount family & camper can pay \$ _____

Amount of campership requested \$ _____

For Camp Committee use

Campership Request

Approved: _____ Amount: \$ _____

Denied: _____

Reason: _____

Date: _____

Campership provided by: _____

