

Complete this application and return it to the following address by **May 21, 2010**

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

**New London County 4-H Camp
CAMBERSHIP APPLICATION**
(Information provided is held in confidence)

Date of Birth: _____

Camper's Name: _____ 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 the camper a member of a 4-H club in New London County? _____ Yes _____ No

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 and Camper can pay: \$ _____

Amount of Campership requested: \$ _____

For Camp Committee Use:

Campership Request: Approved: _____ Amount: \$ _____

Denied: _____

Reason: _____

Date: _____ Campership provided by: _____