

Camp Eagle Campership Application (Please Print)

Parent Information

Parent/Guardian First & Last Name

Address City

State Zip Email

Home Phone Cell Work

Current Employer Job Title

Income per month Expense per month Number of Children

Church Name Pastor's Name

Have you checked with your church about available scholarship money? Yes No If yes, how much

**** Please attach a letter from your Pastor verifying the need you have for a Campership.**

How did you hear about Camp Eagle?

Campership funds requested An \$100 deposit is required to reserve your camper's spot. If you need to cancel, \$50 will be refunded to you and \$50 is not refundable.

Are you or your child eligible to receive any scholarship money from any other source? Yes No

If so, where? How much?

Reason for Campership request

Camper Information

First Name Last Name

Address City

State Zip Have you ever attended Camp Eagle? Yes No

Have you ever received a Campership? Yes No If yes, when?

If you died today, do you know for sure that you would go to heaven? Yes No Maybe

If yes or maybe, why?

Signature of Camper Signature of Parent

Date

Return the completed application to: Camp Eagle, PO Box 7010, Roanoke, VA 24019
All registrations are processed in the order they are received.
Questions: Please call (540) 366-2431 ext. 133 or visit us at www.CampEagleVA.org