

Complete this application and return it to the address at the right by **May 18, 2018**:



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

Or fax to: 860-887-1378

**New London County 4-H Camp
2018 CAMBERSHIP APPLICATION**

860-889-5266

(Information provided is held in confidence)

Camper's Name: _____

Age as of June 1, 2018: _____ Date of birth (month/day/year): ____/____/____

School Grade as of 8/2018: _____ Male: _____ Female: _____

Returning 4-H Camper?: Yes _____ No _____

Have you 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 of the club*: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Address: _____

Town/State/Zip Code: _____

Email: _____

Phone: Home: _____ Cell: _____ Work: _____

Total Family Income (required):\$ _____

Number and Ages of other children living at home: _____

Camp Session/Dates Desired (excluding week 7): _____

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 club leader.

Type of Campership Requested (select one): General Camp-wks 1 or 2, \$519/wk, wks 3-6, \$539/wk
 Clover Camp-\$225 Day Camp-\$285/wk

A) Total Camp Fee: \$ _____

B) Amount Family and Camper Can Pay: \$ _____

C) Amount of Campership Requested (A-B): \$ _____

You will be notified about your campership application on or after May 30, 2018. A registration and medical forms along with payment will be required prior to the start of camp.

For Camp Committee Use: Date: _____
Campership Request: Approved: _____ Amount: \$ _____
Week of Camp: _____
Denied: _____ Reason: _____