

CAMPERSHIP APPLICATION

Applicant's (Camper's) Name/Print/Last/First

Date

Parent's Name/Printed

Street Address

E-Mail Address

City/Town/Etc.

Home Phone

Cell Phone

Mark "A" and EITHER "B" OR "C" (one only):

___ **A.** I/we accept the payment by FBCEG of the \$75 deposit for our child. Please note this on the Canonicus Registration form!

___ **B.** This is an **"ASSISTING"** based application. In addition to the \$75 deposit, we are requesting \$_____. This will assist us greatly in sending our child to Camp Canonicus for one week this summer. This request will be considered by the Board of Christian Education.

___ **C.** This is a **"NEED"** based application. Our child cannot attend a week at Canonicus without this assistance. It will be considered by the Pastor alone. In this case, assistance may exceed \$200.00.

Parent Statement: We would like to send our child to Camp Canonicus for one week in the summer because:

Statement by Child (Grade 4 or Above): "I would like to attend Camp Canonicus this summer because (finish statement):"

Parent's Signature

Child's Signature (Grade 4 & Above)

Action by Approving Party (Pastor or Board):

Under "B," by CE Board: _____

Under "C," by Pastor: _____

Action by Church Office:

1. Check drawn by Treasurer. Date: _____

2. Application filed by Secretary. Date: _____