



# Camp Grant Application

## A Guardian Information

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (Option) \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently our church member? Yes  No

## B Camp Information

1. Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ (phone) \_\_\_\_\_

2. Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ (phone) \_\_\_\_\_

## C Camper(s) Information

Name	Relationship	Age	Camp Name	Fee

**Total Grant:**

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_