

Killarney Lutheran, Camps and Conferences

www.killarneycamp.com

Summer Campership Application for Individuals

For Office Use Only Campership Awarded \$ _____

Comments: The parent/guardian AND Pastor must sign and complete this form and return it with the camper registration form at least 2 weeks prior to the date of camp. The information is needed in order to qualify for a Camp Killarney Campership which can provide a percentage of the cost of the camp fee. (All information will be kept strictly confidential).

Return to: John Barber/Summer Camp Chairman. Include the camp that your child will be attending: Teen Camp, Genesis, or Adventure Camp
(mail to: 1200 Chisholm Rd Onsted, MI 49265)

PLEASE PRINT:

Church and City _____

Pastor's name/signature _____

Parent/Guardian Name _____

Phone _____

Mailing Address _____

City State Zip _____

Camper name _____ Age ___ Sex ___ Grade ___

Program Dates Session _____

Program Cost \$ _____ Financial Assistance Requested \$ _____

Church will pay _____ Family will pay \$ _____ Other will pay \$ _____ Annual Income \$ _____

of persons in household _____

Is child receiving state assistance or receiving foster care assistance? _____

Ethnic: Black ___ Anglo ___ Hispanic ___ Asian ___ Indian ___ Other ___

Camper name _____ Age ___ Sex ___ Grade ___

Program Dates session _____

Cost \$ _____ Financial Assistance Requested \$ _____

Church will pay _____ Family will pay \$ _____ Annual Income \$ _____

of persons in household _____

Is child receiving state assistance or receiving foster care assistance? _____

Zip Code _____ Ethnic: Black ___ Anglo ___ Hispanic ___ Asian ___ Indian ___ Other ___

Camper name _____ Age ___ Sex ___ Grade ___

Program Dates session _____

Program Cost \$ _____ Financial Assistance Requested \$ _____

Church will pay _____ Family will pay \$ _____ Annual Income \$ _____

of persons in household _____

Is child receiving state assistance or receiving foster care assistance? _____

Zip Code _____

Ethnic: Black ___ Anglo ___ Hispanic ___ Asian ___ Indian ___ Other ___

Parent/Guardian Signature _____ Date _____