



APPLICATION FOR CAMBERSHIP

The information you provide on this form is for the campership application process only, and is strictly confidential. Note: Campership Applications are due no later than April 1

Camper (1) Name _____ Boy Girl
Date of Birth _____ School _____ Grade Completed in June _____
*Preferred Camp Session (name and date) _____

Camper (2) Name _____ Boy Girl
Date of Birth _____ School _____ Grade Completed in June _____
*Preferred Camp Session (name and date) _____

Camper (3) Name _____ Boy Girl
Date of Birth _____ School _____ Grade Completed in June _____
*Preferred Camp Session (name and date) _____
*While we try to accommodate requests, we cannot guarantee placement in the preferred session.

Custodial Parent 1/Guardian 1 _____

Address _____
Number and Street City State Zip

Email address _____

Place of Employment _____

Occupation _____ Telephone _____

Parent 2/Guardian 2 _____

Address (if different) _____
Number and Street City State Zip

Email address _____

Place of Employment _____

Occupation _____ Telephone _____

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FOR OFFICE USE ONLY

Date Rec'd _____ Total _____
Fee Bus

CPS _____ Payment _____
Fee Bus Fee Bus

Camp Session/Date _____

Has your child(ren) attended Camp Westminster in the past? Yes No

If yes, please list years _____

Are you a member of a church? Yes No If yes, please give name of church and city _____

Do you need bus transportation between Westminster Church of Detroit and Camp Westminster? Yes No

If yes: Round Trip One-way TO camp One-way HOME from camp

Where did you hear of Camp Westminster on Higgins Lake? _____

FINANCIAL STATEMENT

HOUSEHOLD SIZE: Number of Adults _____ Number of Children _____

OUR TOTAL FAMILY INCOME:

Please check ALL sources of income:

Wages ____ Pension ____ Public Assistance ____ Child Support ____ Social Security ____ Other: ____

GROSS ANNUAL HOUSEHOLD INCOME? \$ _____

(Please attach a copy of your current income tax return.

If no tax return is filed, please submit copies of statements from all sources of income you have checked.)

Have you received financial assistance from Camp Westminster in the past? Yes No

Are you receiving financial assistance from another source? Yes No

If yes, name of source _____ Amount \$ _____

What amount can you pay, per child? \$ _____

Please indicate any special circumstances you feel have an impact on your financial need (this information will be confidential.) Attach a letter with more information, if needed.

1. I hereby certify that all the information given is true and accurate to the best of my knowledge.
2. I realize that this application is for financial assistance only and I must register for camp separately.
3. I agree to make payments and complete all forms by the stated due dates, to provide appropriate clothing and supplies, and to arrange timely transportation to and from camp (or bus) for my child(ren).

Signature of Parent/Guardian _____

Date _____

In order to process this application, we must have the following items:

1. Completed Campership Application
2. Copy of current income tax return, or statements from all sources of income

Mail completed application to: Camp Westminster Campership
17567 Hubbell Avenue
Detroit, MI 48235

Application must be postmarked no later than April 1