



2019 SUMMER CAMP FUND-APPLICATION FORM

Child/Youth Name: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Email Address: _____

Home #: _____

Have you received support form the Cheyne Presbyterian Church Camp Fund in the past?

YES NO **If Yes**, what year(s) did you receive support and how much did you receive each time?

Year: _____ Amount of Support: _____

Year: _____ Amount of Support: _____

Year: _____ Amount of Support: _____

Please indicate which of the following best describes the support you are hoping to receive.

Half-Support

Any support that the church can provide would be appreciated

Please state briefly why you are hoping your child(ren) will be able to go to camp this summer.

Which Camp is your child applying for? _____

Date: _____ Parent/Guardian Signature: _____

Please return completed applications to the church office by May 1, 2019.