Complete this application and return it to the address at the right by **May 31, 2024:**

FOURH\4H 24 Campership_application_2024 10.19.23



New London County 4-H Camp 2024 CAMPERSHIP APPLICATION

860-886-7476 or 860-889-5266

(Information provided is held in confidence)

New London County 4-H Camp Box 6002 Norwich, CT 06360

Or fax to: 860-887-1378

Or email to: nlc4hcamp@aol.com

Camper's Name:				
Age as of June 1, 2024:	Date of birth	(month/day/year):/	<u>/</u>	
School Grade as of 8/2024:	Male:	_ Female:		
Returning 4-H Camper?:		Yes No		
Have you received a campership before?	':	Yes No		
Is the camper a member of a 4-H club in	New London County	?: Yesclub name	No	
Mother's Name:		Occupation:	Military? No / Yes	
Father's Name:		_ Occupation:	Military? No / Yes	
Camper/Parent Address:				
Camper/Parent Town/State/Zip Code:	<u></u> _			
Email:				
Phone: Home:			.:	
Total Family Income (required):\$	nily Income (<mark>required</mark>):\$ Total Family Size:			
Type of Campership Requested (select o	☐ General Ca What week a ☐ Day Camp	☐ Clover Camp-\$299 (6/20-22) ☐ General Camp- \$689/wk (start Wk 1 6/23- end Wk 6 8/2) What week are you requesting (Wk 1-6)? ☐ Day Camp-\$389/wk (start Wk 1 6/24- end Wk 6 8/2)		
		re you requesting (Wk 1-6)?		
A) Total Camp Fee:B) Amount Family and Camper Can Pay				
C) Amount of Campership Requested (A				
You will be notified about your campers forms along with		after June 10, 2024 via email. quired prior to the start of camp		
For Camp Committee Use: Receipt D	Jate.	Review Date:		
Campership Request: Approved:				
		Week of Camp:		
Denied:	Reas	son:		