



# CAMPERSHIP APPLICATION FORM

Camps Leelanau and Kohahna  
1653 Port Oneida Rd.  
Maple City, MI 49664  
(231)334-3808  
(231)334-6238 FAX

Camper(s) Names(s) \_\_\_\_\_ Session Length \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has anyone in your family been to our camps before? Yes\_\_\_ No\_\_\_ If yes, when? \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Father's Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Position and/or Title \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Position and/or Title \_\_\_\_\_

Current annual family income range:      \_\_\_ Less than \$25,000  
   \_\_\_ \$25 - \$50,000  
   \_\_\_ \$50 - \$75,000  
   \_\_\_ \$75 - \$100,000  
   \_\_\_ \$100,000 - \$150,000  
   \_\_\_ More than \$150,000

Number of dependents in your family including adults: \_\_\_\_\_

**Specific amount of financial assistance you are requesting:** \$ \_\_\_\_\_

On a separate piece of paper, please tell us about:

- Your income sources
- Major financial obligations which draw on your income
- Why you feel your family requires financial assistance
- Your family
- What you hope your child will gain from his/her experience with us

**Campership Applications must be received by April 15**