



FOR OFFICIAL USE ONLY

Date Rec'd. _____

Dep. Amt. _____

Check # _____

For Summer of _____

Camper Application

A deposit of \$200 is required to hold a place for each camper. In case of cancellation, \$100 is refundable prior to March 1. **Full payment is required by opening day.**

Seven Weeks Four Weeks Three Weeks Counselor Training (*seven weeks*)

Camper's Name _____ Date of Birth _____
FIRST MIDDLE LAST

Grade in school **after** camp _____ Boy Girl

Parents' or guardians' full name _____ Email _____

Address _____
STREET CITY STATE ZIP

Home Phone _____
AREA CODE

Father's business _____ Phone _____
NAME OF FIRM TITLE OR POSITION AREA CODE

Mother's business _____ Phone _____
NAME OF FIRM TITLE OR POSITION AREA CODE

Sunday School regularly attended by applicant _____

Is applicant a Member of The Mother Church _____ Is applicant Member of a Branch Church of Christ, Scientist _____

Denomination of church attended by father _____

Is father a Member of The Mother Church _____ Is father Member of a Branch Church of Christ, Scientist _____

Denomination of church attended by mother _____

Is mother a Member of The Mother Church _____ Is mother Member of a Branch Church of Christ, Scientist _____

Instructions in case of illness (Please include a Journal-listed Christian Science Practitioner that you would like the camp to call if necessary, or you may elect to use the Camp Practitioner): _____

Phone _____
NAME CITY & STATE AREA CODE

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Two personal references:

Christian Science Practitioner or Sunday School Teacher _____ Phone _____
AREA CODE

School Teacher or Close Friend _____ Phone _____
AREA CODE

Does your son/daughter rely on Christian Science for healing? _____

Is he/she free from the use of tobacco, alcoholic beverages, controlled substances, and medication? _____

Is he/she able to participate fully and freely in our active camp program? If no, please explain. _____

How did you learn of Camps Leelanau & Kohahna? _____

Camps previously attended and years _____

Names and ages of brothers and sisters _____

Former Leelanau-Kohahna relatives (state relation) _____

Please give us information you feel would be helpful and enable us to work successfully with your child, i.e. child's attitude about camp, behavior, family situations, etc. Is there any thing that might impact his/her experience this summer?

SPECIAL REGULATIONS

Camps Leelanau & Kohahna are for children who attend the Christian Science Sunday School. Campers are expected to attend Sunday School regularly throughout the year.

If at any time a camper's influence is considered harmful and his/her presence is regarded as undesirable, the camps reserve the right to request his/her withdrawal from camp. Any camper smoking, drinking or indulging in the use of narcotics is subject to immediate dismissal.

The parent or guardian agrees to be bound by the special conditions and terms of admission.

Signature: _____
APPLICANT DATE

Signature: _____
PARENT OR GUARDIAN DATE

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