



CAMPERSHIP APPLICATION FORM

Camps Leelanau and Kohahna

1653 Port Oneida Rd.

Maple City, MI 49664

(231)334-3808

(231)334-6238 FAX

Participant (s) Names(s)

Session/Program

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)

Parent 1 Place of Business _____ Phone _____

Position and/or Title _____

Parent 2 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
- Have you applied for funds/ received funds from other organizations?