

CAMPERSHIP REQUEST

The purpose of the Campership Fund is to provide some financial assistance to those parents and guardians who are unable to pay the total camp fee. Since these funds are limited and the numbers of applications are increasing each year, we ask that parents/guardians try to pay as much of the fee as their budgets will allow and then apply to this fund for the remainder.

Please note: as part of a complete application, we require a \$50 non-refundable fee per camper.				
Parent/Gu	ardian Name:			
Email:		Phone:		
Address: _				
Camper	· Name Ca	ımp Session You Wish to Att	end Amount Requested	
		Total Requ	ested	
some infor	mation in order to approve a	iny financial assistance.		
Are your c	hildren going to any other ca	mps this summer?	_ If yes, please explain.	
To Submit:		OFFICE USE	OFFICE USE ONLY	
EMAIL	fishinglakebiblecamp@		Amount approved	
MAIL	Fishing Lake Bible Camp PO Box 1060	Spons Date	sor(s) name	
	Wadena, SK S0A 4J0	Staff I	nitial	