



Fishing Lake Bible Camp
 PO Box 1060
 Wadena, SK S0A 4J0
 306-338-2020
fishinglakebiblecamp@gmail.com

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/Guardian Name: _____

Email: _____ Phone: _____

Address: _____

Camper Name	Camp Session You Wish to Attend	Amount Requested
Total Requested		

Briefly outline the reason why you require assistance. We don't mean to pry, but we do require some information in order to approve any financial assistance.

Are your children going to any other camps this summer? _____ If yes, please explain.

To Submit:
EMAIL **fishinglakebiblecamp@gmail.com**
MAIL Fishing Lake Bible Camp
 PO Box 835
 Wynyard, SK S0A 4T0

OFFICE USE ONLY
 Amount approved _____
 Sponsor(s) name _____
 Date _____
 Staff Initial _____

ALL INFORMATION IS KEPT CONFIDENTIAL