## **CAMPER ASSISTANCE REQUEST FORM**

Register for camp <u>AND</u> submit a completed request to

Jill Wright/ <u>jillwright1127@yahoo.com/</u>410-458-8078/ <u>no later than March 29, 2020</u>

Camper's Name:		
Address:		
City:	State:	Zip Code:
Grade in Fall 2020:	Camp Dates:	
Camp Name:		_ Camp Costs:
Parent/Guardian:		
Phone Number:	Email Address:	
	ER <u>MUST BE REGISTERED</u> TO REC er online at <u>http://www.bwccam</u>	
Is camper eligible <u>AND</u> recei	ving Federal School Lunch Ass	istance? YES NO
Financial Need (Circle only o	ne):	
Slight (will attend ca	amp regardless of assistance)	
Moderate (will atter	nd camp but costs may create	a financial burden)
Significant (will <b>not</b>	attend camp without assistan	ce)
Hardship (no means	to register or attend camp - r	eceiving School Lunch Assistance)
Registered for Camp: YES	NO Hardship	
Summarize the Camper's inv Activities/ Worship Services	volvement in activities at RUM / Other	IC, ex. Sunday school/ Youth