

CAMPERSHIP REQUEST

Return by April 1 to: **Bay-Lakes Council, BSA**
Program Department
P.O. Box 267
Appleton, WI 54912

Name of Scout applying _____

Address _____ City _____ St _____ Zip _____

Name of parent or guardian _____

Phone # _____ Unit # _____ **Bay-Lakes Council camp** (attending) _____

PLEASE ANSWER QUESTIONS 1 - 4:

1. Does Scout live with you? _____

2. Number of dependants claimed on tax return. _____

Please list the ages of all dependant children. _____

3. Describe the exceptional expenses for your family that caused you to request this campership.

5. Does your unit participate in annual Trail's End Popcorn sale? _____

The following information must be completely filled in:

- **Scout's total camp fee** _____
- **Amount the Scout and his family can pay** _____
- **Amount the chartering organization and/or unit treasury can pay** _____
- **Amount requested from the campership fund** _____

Parent/Guardian consent: I hereby consent that my child may participate in this activity. I also attest that I have met with the unit leadership and agree with the campership plan as presented above. I understand all information will be confidential.

Parent/Guardian signature _____ Date _____

Unit Leader signature _____ Date _____

Print Unit Leader Name _____ Phone # _____

Leader Address _____ City _____ St _____ Zip _____

Council action (Council use only)

A campership in the amount of \$ _____ is hereby verified and this amount has been posted to your camping account.

Council approval _____ Date _____

Campership funds are made possible by Friends of Scouting and annual popcorn sales