



Please complete a separate form for each camper

Camper Name:	amper Name: Parent/Guardian Name(s):				
Address:					
Phone:					
	Dates of Camp:				
We want your child to come to camp! Good Earth financial assistance to make participation possible. families that need support to pay camper registration remove barriers to attendance. Congregational supprequesting direct funds. Campership awards will be reviewed by the Business Manager. You may call of sure that we received your application. Please note to pay \$25 towards each camper and the remaining Does your church know that your child is plant.	Generous on fees. Co port and poe ore credited during reg ore if you are g will be so	s donors have campership full payment plan of to your according by the second of the s	provided sp nds are avail options shou unt once this hours if no a a full campe	pecial funding to assist lable as a last resort to ald be explored before is form has been ward appears to make rship, you are required	
Church Membership:					
Church Membership.	Charlett City.				
Pastor Name(s):	Church F	Phone:			
Cost of Camp Your Contribution	_				
Organization Contributions (if applicable):					
Church/WELCA/Youth Program Contribution	n _				
Other Contribution Source					
Campership Amount Requested	_				
Signature of Parent/Guardian:				Date:	
Signature of Pastor: (preferred but not required)			Da	te:	

Please complete all information and return this form to: Good Earth Village 25303 Old Town Dr., Spring Valley, MN 55975 If you have questions or need assistance, contact Good Earth Village at (507) 346-2494 or email info@goodearthvillage.org. We are excited that you are coming to camp and we look forward to seeing you this summer!