



Campership Application Form – 2011

Camp Akita Registration
Illinois Conference
619 Plainfield
Willowbrook, IL 60527
Phone 630-856-2857 Fax 630-734-0929

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|--|--|
| Camper Name _____ | Parent/Guardian Name _____ |
| Address _____ | |
| City _____ | State _____ Zip _____ Phone _____ |
| Camper's Address _____ (if different from parent) | |
| Camper's Birth Date _____ | Camper's Age _____ Family Monthly Income _____ |
| # of adults in household _____ | # of children in household _____ |
| Do your children qualify for free or cost-reduced hot lunches at public school? | |
| _____ Free Hot Lunch | _____ Reduced-cost Hot Lunch |
| Are you a member of the Seventh-day Adventist Church? ___Yes ___No | |
| If so, which church? _____ | |
| 1. Requested amount of Campership Funds \$ _____ (Maximum scholarship is \$55 for each camper.) | |
| 2. Recommendations (please list two, choosing at least one from the following: Pastor, employer, work supervisor, etc. No family members, please!) | |
| Name _____ | Daytime Phone _____ |
| How I know this person _____ | |
| Name _____ | Daytime Phone _____ |
| How I know this person _____ | |

Office Use Only

| | |
|----------------------|-------------------------|
| Date Received _____ | Deposit Amount _____ |
| Camp Requested _____ | Attraction Chosen _____ |
| Date Approved _____ | Amount Approved _____ |
| Authorized by _____ | Notification Sent _____ |

Prospective Camper: Please write a short paragraph or draw a picture of why you would like to go to camp.

Parents: Please write a brief paragraph of why you want your child(ren) to attend camp and what circumstances of need are.

