



FOR OFFICIAL USE ONLY

Date Rec'd. \_\_\_\_\_

Dep. Amt. \_\_\_\_\_

Check # \_\_\_\_\_

For Summer of \_\_\_\_\_

# Camper Application

A deposit of \$200 is required to hold a place for each camper. In case of cancellation, \$100 is refundable prior to March 1. **Full payment is required by opening day.**

Seven Weeks    Four Weeks    Three Weeks    Counselor Training (*seven weeks*)

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
FIRST MIDDLE LAST

Grade in school **after** camp \_\_\_\_\_ Boy  Girl

Parents' or guardians' full name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_  
AREA CODE

Father's business \_\_\_\_\_ Phone \_\_\_\_\_  
NAME OF FIRM TITLE OR POSITION AREA CODE

Mother's business \_\_\_\_\_ Phone \_\_\_\_\_  
NAME OF FIRM TITLE OR POSITION AREA CODE

Sunday School regularly attended by applicant \_\_\_\_\_

Is applicant a Member of The Mother Church \_\_\_\_\_ Is applicant Member of a Branch Church of Christ, Scientist \_\_\_\_\_

Denomination of church attended by father \_\_\_\_\_

Is father a Member of The Mother Church \_\_\_\_\_ Is father Member of a Branch Church of Christ, Scientist \_\_\_\_\_

Denomination of church attended by mother \_\_\_\_\_

Is mother a Member of The Mother Church \_\_\_\_\_ Is mother Member of a Branch Church of Christ, Scientist \_\_\_\_\_

Instructions in case of illness (Please include a Journal-listed Christian Science Practitioner that you would like the camp to call if necessary, or you may elect to use the Camp Practitioner): \_\_\_\_\_

Phone \_\_\_\_\_  
NAME CITY & STATE AREA CODE

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Two personal references:

Christian Science Practitioner of Sunday School Teacher \_\_\_\_\_ Phone \_\_\_\_\_  
AREA CODE

School Teacher or Close Friend \_\_\_\_\_ Phone \_\_\_\_\_  
AREA CODE

Does your son/daughter rely on Christian Science for healing? \_\_\_\_\_

Is he/she free from the use of tobacco, alcoholic beverages, controlled substances, and medication? \_\_\_\_\_

Is he/she able to participate fully and freely in our active camp program? If no, please explain. \_\_\_\_\_

How did you learn of Camps Leelanau & Kohahna? \_\_\_\_\_

Camps previously attended and years \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

Former Leelanau-Kohahna relatives (state relation) \_\_\_\_\_

Is there anything you would like us to be aware of, not included in the application, i.e. special interest, talents, or needs that will enable us to work successfully with your child? Is there any experience in the past year that might impact his/her experience this summer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL REGULATIONS**

Camps Leelanau & Kohahna are for children who attend the Christian Science Sunday School. Campers are expected to attend Sunday School regularly throughout the year.

If at any time a camper's influence is considered harmful and his/her presence is regarded as undesirable, the camps reserve the right to request his/her withdrawal from camp. Any camper smoking, drinking or indulging in the use of narcotics is subject to immediate dismissal.

The parent or guardian agrees to be bound by the special conditions and terms of admission.

Signature: \_\_\_\_\_  
APPLICANT DATE

Signature: \_\_\_\_\_  
PARENT OR GUARDIAN DATE

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