



# SJ Riding Camp Campership Application - 2018

Dates applying to attend camp: \_\_\_\_\_

Camper identifies as female - Yes No

\_\_\_\_\_  
Camper's Full Name

\_\_\_\_\_  
Date of Birth Age as of 7/1/18

\_\_\_\_\_  
School

\_\_\_\_\_  
Town

\_\_\_\_\_  
ST

\_\_\_\_\_  
Grade in Sept '18

\_\_\_\_\_  
Parent/Guardian 1 Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
ST

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Currently Employed? Yes No

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Employer/Company

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer Phone

\_\_\_\_\_  
Number of Household Members: \_\_\_\_\_

\_\_\_\_\_  
Total Gross Yearly Household Income: \$ \_\_\_\_\_

\_\_\_\_\_  
Qualify for free/reduced lunch? Yes No

\_\_\_\_\_  
Active duty military parent/guardian? Yes No

\_\_\_\_\_  
Additional information to support financial need (job loss, disability, health, debt, etc.)

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

(Attach additional paper, as needed)

I am able to provide \_\_\_\_\_% of the camp tuition or \$ \_\_\_\_\_.

By signing this campership application, I certify that the information on this form is true and correct. I consent to the use of photographs, letters, and images taken of my child taken at camp for the camp and ACA New England Campership Fund public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of the ACA New England Campership Fund and the participating camp, and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the program does not guarantee participation. I further understand that ACA New England Campership Fund is merely a funder of this project and is not liable for any issues between a camp and an enrolled child. I acknowledge that I am financially responsible for any fees not covered by approved campership funds. I promise to send a thank you note from my camper after she attends camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return by April 1 to: SJ Riding Camp, 130 Sandy Beach Road, Ellington, CT 06029

The camp director's signature acknowledges that the camp has received verification of camper's financial eligibility and school enrollment.

\_\_\_\_\_  
Signature of Camp Director

\_\_\_\_\_  
Date of receipt of verifications