



John M. Smith Memorial Campership Fund

Camper Application

1. Camper Information

Child's Last Name: _____ First Name: _____
Address: _____ Town/City: _____ Prov: _____ Postal
Code: _____ Male or Female: _____ Age: _____

2. Parent/Guardian Information

Last Name: _____ First Name: _____
Address: _____ Town/City: _____ Prov: _____
Postal Code: _____ Phone #: (Home) _____ (Cell): _____
Email: _____ Relationship to Child (parent/guardian etc): _____
Please Check One: Single Parent: _____ Married: _____ Common-Law: _____

Do any of the following apply to your family?

Social Assistance: _____ Foster Parent: _____ Refugee Claimant: _____

Has your child previously attended summer camp? Yes: ___ No: ___

Name of Camp: _____

3. Financial Information

The John M. Smith Memorial Campership Fund uses the financial information provided to distribute funds available where they are most needed. Personal and financial information collected and stored is not shared with other organizations or individuals.

Total Annual Household Income: \$ _____ Number of Dependent Children: _____

Up to seventy-five percent of fees for one camping session to a maximum of \$400.00 will be paid directly to the camp for all approved applications. Camps must be located in Manitoba and members of Christian Camping International.

4. Camp Information

Name of Camp: _____ (Must be a member of Christian Camping Int.)

Address: _____ Town/City: _____ Prov: _____ PO: _____

Session: _____ From: Day ___ Month ___ 2025 to: Day ___ Month ___ 2025

Session Cost: _____

Parent/Guardian Signature _____

Date: _____

PLEASE RETURN TO THE CAMP THAT YOUR CHILD IS PLANNING TO ATTEND!
DO NOT SEND TO THE CAMBERSHIP FUND DIRECTLY!



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