

## NORTHERN ILLINOIS 4-H CAMP ASSOCIATION CAMBERSHIP REQUEST

Please fill in all information as it is needed to determine the award amount for your family. Do not send camper registrations at this time. Return those after your award amount has been sent to you. **Camper ship awards only apply for up to one five-day session of camp per camper .**

Return **by MAY 1** to: **N.I.C.A. Camperships**  
**6641 N 6000W Road**  
**Manteno IL 60950-3428**

Parent/Guardian: \_\_\_\_\_ Day Phone : (    ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Night Phone: (    ) \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

If applicable, Illinois Department of Public Aid Mediplan Case ID #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Family's Contribution per Camper Toward Fee \_\_\_\_\_  
 Total Income from Employment, Child Support, etc: \_\_\_\_\_  
 Number of People in Household \_\_\_\_\_  
 Other Income Information: \_\_\_\_\_

Camper #1 _____	Birth Date _____
4-H Member?        YES        NO	Name of 4-H Club: _____
Camp Date Requested (circle one):    JUNE 3-5    JUNE 8-12    JUNE 22-26    JUNE 13-15	
Camper #2 _____	Birth Date _____
4-H Member?        YES        NO	Name of 4-H Club: _____
Camp Date Requested (circle one):    JUNE 3-5    JUNE 8-12    JUNE 22-26    JUNE 13-15	
Camper #3 _____	Birth Date _____
4-H Member?        YES        NO	Name of 4-H Club: _____
Camp Date Requested (circle one):    JUNE 3-5    JUNE 8-12    JUNE 22-26    JUNE 13-15	
Camper #4 _____	Birth Date _____
4-H Member?        YES        NO	Name of 4-H Club: _____
Camp Date Requested (circle one):    JUNE 3-5    JUNE 8-12    JUNE 22-26    JUNE 13-15	

I certify that the information provided on this application is true and correct.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date