

Camp Au Sable

2015 Campership Request

Today's Date _____

Request for:

Adventure Camp//Jr. Junior Camp Junior Camp Tween Camp Teen School Camp
 Specialty

CAMPER INFORMATION

Name _____ Male Female

Address _____

City _____ State _____ ZIP _____

Birth date _____ Email Address _____

PARENT/GUARDIAN INFORMATION

Name _____

Address (if different from camper address) _____

City _____ State _____ ZIP _____

Phone: Work _____ Home _____ Cell _____

Email Address (IMPORTANT) _____

Are you a member of a Michigan Conference Seventh-day Adventist Church?

Yes. Church/Pastor Name _____

No. (Does not affect whether you receive funds.)

PLEASE ANSWER THE FOLLOWING

Have you received Campership assistance in the past? Yes No If yes, list year(s) _____

Employed Yes No Single Parent Household Yes No # Kids in House ___ # Adults in House ___

Total Household Monthly Income \$ _____

If employed and not a single parent, please explain reason assistance is needed (use back if needed): _____

ASSISTANCE OPTIONS (Please circle the option you are requesting.)

1. Payment Plan

- A. \$100 down payment + \$30 per month until paid-in-full (Must be paid-in-full by December 2013.)
- B. \$50 down payment + \$50 per month until paid-in-full (Must be paid-in-full by December 2013.)
- C. Create your own payment plan. (Must be paid-in-full by December 2013.)

2. Partial Assistance: I have financial difficulties and need help paying for \$ _____.

3. Special Circumstances: Please contact me. The above options don't apply.

Note: Please remember to attach a letter of recommendation from your church pastor or employer when you mail in your request. One form is needed per child. Funds will not be applied without a letter of recommendation.

Mailing Address

If before May 25 Send application to:

Michigan Conference of SDA
Attn: Campership Request
P.O. Box 24187
Lansing MI, 48909

Phone: 517-316-1570
FAX: 517-316-1574
Email: tmicheff@misda.org

If on or after May 25 Send application to:

Camp Au Sable Campership Request
Attn: Campership Request
2590 Camp Au Sable Rd.
Grayling, MI 49738

Phone: 989-348-5491
FAX: 989-348-5934
Email: tmicheff@misda.org