

Youth Camp 2009 FINANCIAL ASSISTANCE APPLICATION FORM

Parents Contact Information:

Names: _____ Home Congregation: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Statement of Necessity:

Please state briefly the circumstances that make assistance necessary: _____

Campers in our Family:

Circle the years of attendance:

Name #1: _____ Attended Camp Koyquin, Roughrider, or at ILC: 01 02 03 04 05 06 07

Name #2: _____ Attended Camp Koyquin, Roughrider, or at ILC: 01 02 03 04 05 06 07

Name #3: _____ Attended Camp Koyquin, Roughrider, or at ILC: 01 02 03 04 05 06 07

Name #4: _____ Attended Camp Koyquin, Roughrider, or at ILC: 01 02 03 04 05 06 07

Name #5: _____ Attended Camp Koyquin, Roughrider, or at ILC: 01 02 03 04 05 06 07

Name #6: _____ Attended Camp Koyquin, Roughrider, or at ILC: 01 02 03 04 05 06 07

Assistance Requested:

In order for our child(ren) to attend Camp, our family will need assistance in the amount of \$ _____ (flat rate).

Please complete and mail to the following address no later than May 9, 2009:

Joelle Noeldner • 3627 GoldRidge Road • Eau Claire, WI 54701