



**CHRISTIAN CAMPER SUBSIDY APPLICATION**

**BETHEL EVANGELICAL MISSIONARY CHURCH**

RR2, Box 4, Site 11 Carstairs, Alberta T0M 0N0  
EMAIL: office@bethelemc.org Phone: 403-337-2355

**RETURN THIS COMPLETED APPLICATION TO THE BETHEL CHURCH OFFICE,  
+ ALONG WITH A PHOTOCOPY OF THE "CAMPER REGISTRATION" CONFIRMATION**

**EACH CHILD IS ELIGIBLE FOR A SUBSIDY OF 50% UP TO A MAXIMUM OF \$200 EACH  
FOR EXAMPLE: \$100 CAMP FEE IS ELIGIBLE FOR \$50 SUBSIDY  
\$500 CAMP FEE IS ELIGIBLE FOR \$200 SUBSIDY**

**1. CAMPER INFORMATION (Individual Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Cost of Camp: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**2. CAMPER INFORMATION (Individual Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Cost of Camp: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**3. CAMPER INFORMATION (Individual Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Cost of Camp: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**4. CAMPER INFORMATION (Individual Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Cost of Camp: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**5. CAMPER INFORMATION (Individual Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Cost of Camp: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**6. CAMPER INFORMATION (Individual Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Cost of Camp: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**FOR OFFICE COMPLETION**

**APPROVAL DATE:** \_\_\_\_\_

**AMOUNT OF SUBSIDY APPROVAL:** \_\_\_\_\_

**CHEQUE GIVEN TO APPLICANT:** \_\_\_\_\_  
**(DATE & SIGNATURE)**



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**RETURN THIS COMPLETED APPLICATION TO THE BETHEL CHURCH OFFICE,  
+ ALONG WITH A PHOTOCOPY OF THE "FAMILY CAMP REGISTRATION" CONFIRMATION**

**EACH CHILD IS ELIGIBLE FOR A SUBSIDY OF 50% UP TO A MAXIMUM OF \$200 EACH  
FOR EXAMPLE: \$100 CAMP FEE IS ELIGIBLE FOR \$50 SUBSIDY  
\$500 CAMP FEE IS ELIGIBLE FOR \$200 SUBSIDY**

**FAMILY CAMP INFORMATION**

**FAMILY NAME:** \_\_\_\_\_

Name of Camp / Location: \_\_\_\_\_

Date of Camp: \_\_\_\_\_ Cost of Camp (Total): \_\_\_\_\_

**PLEASE LIST THE NAMES OF CHILDREN ATTENDING & REGISTRATION COST FOR EACH CHILD:**

Name: _____	Age: _____	Cost of Camp: _____	Subsidy: _____
Name: _____	Age: _____	Cost of Camp: _____	Subsidy: _____
Name: _____	Age: _____	Cost of Camp: _____	Subsidy: _____
Name: _____	Age: _____	Cost of Camp: _____	Subsidy: _____
Name: _____	Age: _____	Cost of Camp: _____	Subsidy: _____
Name: _____	Age: _____	Cost of Camp: _____	Subsidy: _____

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**FOR OFFICE COMPLETION**

**APPROVAL DATE:** \_\_\_\_\_

**AMOUNT OF SUBSIDY APPROVAL:** \_\_\_\_\_

**CHEQUE GIVEN TO APPLICANT:  
(DATE & SIGNATURE)** \_\_\_\_\_