

Camp Fee Waiver Request

Camp Activity Name

Camp Year

Amount to be Waived

Applicant Information

Name

Phone Number

Address

Email

Date of Birth

Parent/Guardian Name

Relationship

Parent/Guardian Contact Number

Basis of Your Request

I, the parent/guardian, is requesting for the camp fee to be waived. The above-named applicant is from a household whose gross income level is shown below:

Household Members

Household Member:

Household Member:

Household Member:

Household Member:

Household Member:

If you have any additional information that you want to add in support of your request for the Fee Waiver, please enter it below:

Signatures

By signing this request form, parent and applicant confirm that the camp fee will be waived.

Applicant

Name:

Date:

Parent

Name:

Date:

For Camp Organizer Use Only

Submission Date

Organizer Representative Signature

Approval

☐ Yes

☐ No

Reason (If not approved)