

# Camper Assistance Request Form

Complete the following information and submit this request by **MARCH 15<sup>TH</sup>** to Amy McNeiland or Jill Wright 163 Carolstowne Road, Reisterstown, MD 21136

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Camp Name/code: \_\_\_\_\_ Date: \_\_\_\_\_ Cost \_\_\_\_\_

Is the Camper eligible for School Lunch Assistance?    Yes    No

Briefly describe the Camper's financial need: \_\_\_\_\_

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## **Please categorize the Camper's participation level at RUMC:**

### **Sunday School attendance:**

- Does not attend
- Once a month
- Twice per month
- 3-4 per month/attends routinely

### **Youth Group attendance (Sunday Evenings):**

- Does not attend
- Once a month
- Twice per month
- 3-4 per month/attends routinely

### **Worship Service attendance:**

- Does not attend
- Once a month
- Twice per month
- 3-4 per month/attends routinely

Please describe and other RUMC involvement: