



Campership Form

Part 1. Camper Information:

Full Name: _____ a Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Camper's E-mail Address: _____

Birthdate: _____ Grade Completed _____

Name _____ of _____ Home
Church _____

Camp Name

Name of Camp you are attending _____ Date of Camp _____

Is this a United Methodist Camp? _____ yes or _____ no Other: _____

Parent/Guardian Information:

Parents' Full Name(s): _____

Mother's Work #: _____ Cell #: _____ E-mail: _____

Father's Work #: _____ Cell #: _____ E-mail: _____

Signature of Parent /Guardian (required if under 18): _____

Campership funds must be approved before the start date of camp. Please allow 2 weeks for consideration. Please return form to Terry Berg at: 1912 Fair Street, Mankato, MN 56001

Thank you for your application. Every effort will be made to ensure availability of funds. It is our intent for all children to have the opportunity to attend camp. Most often camperships amount to \$15/day for United Methodist camps and for other Christian camps a lesser amount may be awarded.

Preferred method of campership distribution is directly to the camp

www.mankatohilltop.org