

Application for Campership & Reduced Fees
Camp Robin Rogers Day Camp
546 S. Collett Street
Lima, Ohio 45806
(419) 225-6285

***Out of county residents are not eligible for financial assistance.**

Total Number of people in household:

Names:

	Last	First	Age	Income
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Total household income:

(This includes all people staying at the home)

\$ _____

1. Has your child ever been to camp before? Yes No

2. If yes, when and where?

3. What do you hope your child gains from this camping experience?

4. Does your child receive any benefits, such as AFDC, Medicaid, SSI / SSDI, etc?

I understand that by signing this form, I am declaring that all information herein is true to the best of my knowledge and that any attempt to provide false or misleading information could result in loss of financial assistance for my child(ren).

Signature of person completing this form

Date