



Appl # _____
Date Rec'd _____

REQUEST FOR YOUTH CAMP SPONSORSHIP

Parent Name(s) _____ Date _____

Address _____ E-Mail Address _____

City _____ State _____ Zip _____

Phone (Home): _____ (Work): _____ (Cell/Other): _____

Do you own any acreage in Gallatin County? _____

Occupation(s): _____

Employer(s): _____

Household Size: _____

Camp Attendee Name and Age: _____

Please list previous camps attended: _____

Please list activities involved in: _____

| COST OF CAMP: | |
|---|--------------------------|
| Description | Cost |
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| | Total Camp Cost \$ _____ |
| Amount Requested from District \$ _____ | |

SIGNATURE

I (we) hereby declare that the information contained in this application is true, complete, and accurate to the best of my (our) knowledge.

Applicant(s) _____

Date _____