

## Lutheran Retreats, Camps & Conferences Summer Campership Application

We want every child to have the opportunity to experience the fun and joy of summer camp. To apply for campership funding please complete this form and return it with the camper registration form at least 4 weeks prior to the date of camp. The parent/guardian AND Pastor must sign this form.

Return to: LRCC Administrative Office, 39136 Harris Rd. Oak Glen, CA 92399

Please Print:

Parent/Guardian Name (s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church and City \_\_\_\_\_

Pastor's Phone # \_\_\_\_\_ Email \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Camper I	Name		Age	Sex M / F	Grade (fall entry)
	Program		Dates		Location
	Program Cost \$	Family will pay \$	Church will pay \$		Amount requested \$
	Annual Income (non welfare) \$		# of persons in household		

More campers may be added to the additional page.

If you have any questions about this form, or about any of our programs, please contact:  
The LRCC Administrative Office  
Email: [Office@LRCCHome.com](mailto:Office@LRCCHome.com)

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Camper 2	Name		Age	Sex M / F	Grade (Fall entry)
	Program		Dates		Location
	Program Cost \$	Family will pay \$	Church will pay \$	Amount requested \$	
	Annual Income (non welfare) \$		# of persons in household		

Camper 3	Name		Age	Sex M / F	Grade (Fall entry)
	Program		Dates		Location
	Program Cost \$	Family will pay \$	Church will pay \$	Amount requested \$	
	Annual Income (non welfare) \$		# of persons in household		

Camper 4	Name		Age	Sex M / F	Grade (Fall entry)
	Program		Dates		Location
	Program Cost \$	Family will pay \$	Church will pay \$	Amount requested \$	
	Annual Income (non welfare) \$		# of persons in household		

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