

Camp Fee Waiver Request

Camp Activity Name

Camp Year

Amount to be Waived



Applicant Information

Name

Phone Number

Address

Email

Date of Birth

Parent/Guardian Name

Relationship

Parent/Guardian Contact Number

Basis of Your Request

I, the parent/guardian, is requesting for the camp fee to be waived.
The above-named applicant is from a household whose gross income level is shown below:

Household Members

Household Member

Household Member

Household Member

Household Member

Household Member

If you have any additional information that you want to add in support of your request for the Fee Waiver, please enter it below:

By signing this request form, parent and applicant confirm that the camp fee will be waived.

Applicant Signature

Parent Signature

Date

Date

For Camp Organizer Use Only

Submission Date

Organizer Representative Signature

Approval

Yes

No

Reason (If not approved)



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