



2034 Outer Lake Road – Princeton IN 47670  
Phone: 812-385-3597 – Fax: 812-386-1654  
E-mail: [campinfo@ymca.evansville.net](mailto:campinfo@ymca.evansville.net)  
Visit Camp at [www.campcarson.org](http://www.campcarson.org)

## **YMCA Camp Carson Scholarship Application Packet**

January 20, 2012

*From the Director:*

*Thank you for your request for information regarding programs here at YMCA Camp Carson. I hope you find the enclosed material helpful. (If accessing these documents online, the brochure and DVD are also available online.) After reviewing the information, PLEASE do not hesitate to contact our camp office if you have any questions about the application process.*

Please see the Application Process Sheet to review the guidelines for applying for financial assistance. YMCA Camp Carson, a branch of the YMCA of Southwestern Indiana, Inc., is a non-for-profit agency offering quality programs designed to benefit all people regardless of age, gender, race, religion or income level. It is our pledge, *within available resources of the YMCA*, to provide services to individuals regardless of ability to pay. Financial assistance scholarships will be granted to anyone who can demonstrate verifiable need through the recognized proof of income. *Valid proof of income must be provided before the application can be approved.* A sliding scale is used to determine how much financial assistance is awarded. All records are kept confidential.

Please note our funds are limited and awarded on a first come, first served basis. Awards can only be given after ALL the requested documents have been received by our office, so please, take the time to thoroughly complete the application form and all the other supporting material. This will help expedite the application review process.

Thank you for selecting the programs at YMCA Camp Carson and for your patience as we evaluate your request.

Yours in Christ,

A handwritten signature in cursive script that reads "Mark Scouler".

Mark Scouler  
Executive Director  
YMCA Camp Carson

# APPLICATION PROCESS

1. Review and/or complete the following and return **BY MAIL** or **SCAN & EMAIL** (*NO FAXES Please*) to YMCA Camp Carson by **March 15, 2012**. Applications are accepted after this date if financial assistance funds are still available.

- Scholarship Application Form (1 per family)
- Parent Questionnaire (1 per camper)
- Camper Questionnaire (1 per camper)
- School Reference Forms (2 per camper)
- 2012 YMCA Camp Carson Camper Application (1 per camper)
- Attach enclosed form indicating your 3 preferences of session dates. (1 per camper)
- 2011 Federal Income Tax Return (1 per family – *PLEASE NOTE: child on camper application must appear on the income tax return as a dependent.*)

*Until a copy of a 2011 Federal Tax Return and all documentation has been received by our office, final awards cannot be issued.*

*If you do not file a tax return, please supply a signed letter to this effect with verification of income from the Social Security office, etc.*

*If you qualify to receive financial aid, up to \$499 can be awarded. The applicants must pay any additional fees above \$499 in order to participate in programs such as Wrangler camp, horseback riding lessons or dirt bikes at Shoshone camp.*

2. RETURN ALL COMPLETED DOCUMENTS TO:

Executive Director, Grants  
YMCA Camp Carson  
2034 Outer Lake Road  
Princeton, Indiana 47670

3. After the application and ALL supporting materials have been received, we will review the file. Cases are reviewed on an individual basis and applicants will normally be asked to pay a portion of the fee. Following this review, you will receive a phone call informing you of the award amount. We ask that you accept or decline the award within 24 hours. Your portion of the funds will be due by May 15, 2012.

## HOW TO DOCUMENT THE FOLLOWING SPECIAL CIRCUMSTANCES:

- **Government Assistance:** Notice of Decision (with names of eligible person(s) and total income including food stamps.)
- **Social Security Disability:** Letter from Social Security office or Notice of Decision stating the monthly benefit amount.
- **Unemployed:** Notification of eligible benefits from unemployment office. Federal Tax Return will still be needed, as unemployment is a taxable income.
- **Full-time College Student:** Letter from registrar's office indicating a current full-time student status.
- **No income:** The YMCA needs the income of the person(s) supporting the applicant. Example: John does not work and is living with grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.
- **Just released from prison or living in a Safe House:** A letter is required from probation or parole office stating release date. This releases the applicant from having to provide Federal Income Tax Return.
- **Persons living in shelters:** Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access her federal return and is not currently working. She and her family are currently in a relocation and skill-training program.



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## SCHOLARSHIP APPLICATION FORM - 2012

PLEASE PRINT CLEARLY:

-CONFIDENTIAL-

Child's Name #1	_____	_____	_____	_____
	Last	First	Middle	Gender: M/F
Date of Birth	_____	_____	_____	_____
	Age	Name of School (no abbreviations please)		

  

Child's Name #2	_____	_____	_____	_____
	Last	First	Middle	Gender: M/F
Date of Birth	_____	_____	_____	_____
	Age	Name of School (no abbreviations please)		

  

Child's Name #3	_____	_____	_____	_____
	Last	First	Middle	Gender: M/F
Date of Birth	_____	_____	_____	_____
	Age	Name of School (no abbreviations please)		

**Please answer ALL questions – Unanswered questions may void this application**

**What amount do you feel you can afford to pay PER CHILD?** \$ \_\_\_\_\_ (this is a required field)

Are you applying for or receiving assistance for your children to attend any other camps this summer? YES \_\_\_ NO \_\_\_

If you answered yes to previous question, please list camps \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's Phone \_\_\_\_\_

**Annual Household Income**

**Monthly Expenses**

(the following reflects income coming into this household to cover monthly expenses)

Adult 1 Annual Salary	\$ _____
Adult 2 Annual Salary	\$ _____
Annual Child Support Received	\$ _____
Annual Alimony Received	\$ _____
Food Stamps	\$ _____
AFDC	\$ _____
Social Security Received	\$ _____
Other Income	\$ _____
<b>TOTAL ANNUAL HOUSEHOLD INCOME</b>	<b>\$ _____</b>

Rent	\$ _____
Mortgage	\$ _____
Phone	\$ _____
Water	\$ _____
Electric	\$ _____
Gas	\$ _____
Groceries	\$ _____
Automobile	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

Number of Dependent Children Living in Home \_\_\_\_\_

Please Check (X) where applicable. Residence: Own \_\_\_ Rent \_\_\_ Current value of home is \$ \_\_\_\_\_

Automobile: # of vehicles in household \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_

Birth Parents are: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced/Single \_\_\_ Divorced/Remarried \_\_\_ Widowed

List Social Organizations in which family participates: \_\_\_\_\_

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify, that to the best of my knowledge, the information contained in this application is accurate and true. I also give permission to the YMCA to contact my employer for salary verification.

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

\_\_\_\_\_  
Date





**YMCA MISSION STATEMENT**

**The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving people, especially youth, through relationships and activities that promote healthy spirit, mind and body.**

Founded in 1940, YMCA Camp Carson is a camp with a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For 72 seasons, boys and girls have come from all over the tri-state area to participate in our camping program and to develop life long friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. **As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.**

*Upon completing this form, we are requesting that you please mail it **directly** to camp.*

Name of Child: \_\_\_\_\_ Your Relationship with this Child: \_\_\_\_\_

Your Name (Person Making Referral): \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Name of School (No abbreviations please) \_\_\_\_\_

Complete Office Address: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: (Please print clearly.) \_\_\_\_\_

**QUESTIONS:** (Please use additional paper if necessary.)

1. How long have you known this child?
  
2. What characteristics make this child a good candidate for Camp? Please be specific.
  
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
  
4. Describe an area of growth for this child. Please be specific.



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Name of Child: \_\_\_\_\_

Reference 2, Page 2 of 2

5. What specific experiences can make camp a positive opportunity for this child?
  
6. Describe academic performance.
  
7. Describe this child's interaction with his/her peer group.
  
8. Describe this child's interaction with those in a position of authority.
  
9. Faith, Caring, Respect, Responsibility and Honesty are the YMCA core values held in high regard at camp. In what manner does this child exhibit these values? Please be specific.
  
10. Is there anything else you would like to add that can help the committee?

THANK YOU for taking your valuable time to complete this reference. This information is to be used in determining if a child is a candidate for a grant to attend residential camp. A small group of committed volunteers and staff review files and make recommendations. Privacy and confidentiality will be honored. Candid statements will ensure the success of camp for this child as well as the other children in their cabin/camp group.

**PLEASE RETURN THIS REFERENCE DIRECTLY TO:**

**Executive Director (Grants)  
YMCA Camp Carson  
2034 Outer Lake Road  
Princeton, IN 47670**

**Please complete a standard 2012 camper application (also available on our website) EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!**

**Child's Name:** \_\_\_\_\_

**1<sup>st</sup> Choice of Session Date:** \_\_\_\_\_

**2<sup>nd</sup> Choice of Session Date:** \_\_\_\_\_

**3<sup>rd</sup> Choice of Session Date:** \_\_\_\_\_

**Please complete a standard 2012 camper application (also available on our website) EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!**

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**2<sup>nd</sup> Choice of Session Date:** \_\_\_\_\_

**3<sup>rd</sup> Choice of Session Date:** \_\_\_\_\_

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**1<sup>st</sup> Choice of Session Date:** \_\_\_\_\_

**2<sup>nd</sup> Choice of Session Date:** \_\_\_\_\_

**3<sup>rd</sup> Choice of Session Date:** \_\_\_\_\_

PLEASE COMPLETE AND MAIL TO:  
 Registrations  
 YMCA Camp Carson  
 2034 Outer Lake Rd  
 Princeton, IN 47670

# 2012 Application



www.campcarson.org  
 campinfo@ymca.evansville.net  
 Phone: 812-385-3597  
 Fax: 812-386-1654

- AMERICAN CAMP ASSOCIATION -  
 - ACCREDITED CAMP -

**Why 3 Prices?** Realizing that families have differing abilities to pay, we've instituted a voluntary 3-tier pricing program. Please take a moment to look at the rate descriptions below and determine which of the three prices your family is able and willing to pay for your child's camp experience. This is strictly an honor system; select the fee you feel is appropriate by marking both the price and camp session/program below.

**This program is voluntary, and in no way influences the experience children receive.**

**Additional Financial Assistance is available. Call for an application or download at www.campcarson.org**

Rate A - 2012 Rate			Rate B- 2012 Rate			Rate C- 2012 Rate	
Based on the actual cost of camp for child to participate. Includes expenses for staff, maintenance, food, programs, supplies, and wear/tear/depreciation.			This is our partially subsidized rate for those who can pay a little more but still can't afford the actual cost of camp.			This is our standard subsidized fee. For most programs this is a small increase over summer 2010 fees.	
Example	\$599	\$549 \$499	Example	\$599	\$549 \$499	Example	\$599 \$549 \$499
Shoshone	Wrangler	Counselor in Training	Leader in Training	Soccer Camp	Fox	Diabetes /Ndependence Camp	Gibson County
A - \$599	A - \$684	A - \$938	A - \$1018	A - \$649	A - \$329	Call for registration info	Day Camp
B - \$549	B - \$634	B - \$888	B - \$968	B - \$599	B - \$304	Camp Kesem	Call for
C - \$499	C - \$584	C - \$838	C - \$918	C - \$549	C - \$279	Call for registration info	registration info

Please Circle Session(s), Program(s) and RATE you are selecting. (One application must be completed for each family member attending.)

**Sign up for any two consecutive sessions and add \$120 for the weekend stay-over. Includes a day at Holiday World & Splashin' Safari.**

Session	Dates	Programs	Diabetes /Ndependence Camp	Fox Camps	Soccer Camp	
Session 1	June 3 - 8	Shoshone 1 (ages 7-16) Wrangler 1 (ages 11 - 15)	Diabetes /Ndependence Camp CIT 2 wk (rising 11 <sup>th</sup> grade) (2 week camp June 3 - 15)	Fox Camps - (ages 7 - 8)	Soccer Camp (ages 10 - 14) June 3 - 8	
Session 2	June 10 - 15	Shoshone 2 (ages 7-16) Wrangler 2 (ages 11 - 15)	Diabetes /Ndependence Camp (ages 9 - 12)	Fox 1A June 3-5 Fox 1 B June 6-8		
Session 3	June 17 - 22	Shoshone 3 (ages 7-16) Wrangler 3 (ages 11 - 15)	Call for registration info on the above Diabetes Camp Programs			
Session 4	June 24 - 29	EVANSVILLE SAFETY PATROL - For more information contact School Safety Patrol Office - 812-475-1336				
Session 5	July 1 - 6	SESSION FILLED				
Session 6	July 8 - 13	Shoshone 6 (ages 7-16) Wrangler 6 (ages 11 - 15)	Leaders in Training (LIT) (2 week camp) (rising 10 <sup>th</sup> grade) July 8 - 20			<div style="border: 1px solid black; padding: 5px;"> <p>Not sure about your family's summer schedule? You can register, then simply check the box on the side to state that you will designate the session by March 15<sup>th</sup>, 2012</p> </div> <p>Check here to confirm selecting dates by 3/15/12</p>
Session 7	July 15 - 20	Shoshone 7 (ages 7-16) Wrangler 7 (ages 11 - 15)				
Session 8	July 22 - 27	Shoshone 8 (ages 7-16) Wrangler 8 (ages 11 - 15)				
Session 9	July 29 - Aug 4	Pre-booked Session - CAMP KESEM - for campers (ages 6 - 13) with a parent who has (has had) cancer. Call for registration info				

PLEASE  YES or NO regarding participation in our Horseback program, Dirt-Bike program and/or Weekend Stay-Over

- YES My child (age 8 and up) wants to participate in horseback riding for an additional \$20 fee, per day. Check ONE: TWO Day Option \_\_\_\_\_, THREE Day Option \_\_\_\_\_, FIVE Day Option (\$90 Total) \_\_\_\_\_
- YES My child (age 11 and up) wants to participate in dirt-bike riding for an additional \$90 fee, per week. Please check one: \_\_\_\_\_ first time dirt-bike program participant at Camp Carson \_\_\_\_\_ returning dirt-bike program participant at Camp Carson
- NO My child does not want to participate in horseback.
- NO My child does not want to participate in dirt-bike riding.
- YES My child will be staying over between sessions. I understand there is an **add'l \$120 fee** per weekend.
- NO My child will not be staying over the weekend.

Please list session #'s for additional Horseback or Dirt-bike riding: \_\_\_\_\_

First time applicant \_\_\_\_\_ YES or previous camper \_\_\_\_\_ How many years \_\_\_\_\_ Previously Attended? (Shoshone, LIT, etc.) \_\_\_\_\_

Camper's Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Name Called \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_ Grade Completed by June 2012 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at camp Yrs. \_\_\_\_\_ Months \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) e-mail \_\_\_\_\_

(Step) Father's Name (Dr., Mr.) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Step) Mother's Name (Dr., Mrs., Ms.) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of parents or guardian(s) with whom camper lives \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single Parent \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_

**PLEASE READ CAREFULLY and SIGN**

YMCA Camp Carson is committed to providing children with an opportunity for full and **equal enjoyment** of the camping experience. For this reason, we regret that children who do not have the promise of living cooperatively, compatibly and safely with other children cannot be accepted into the program.

If your child appears to have any serious behavioral problems or special circumstances involving physical, medical, or social concerns, the Director should be notified of this now, so that reasonable modification can be considered. Camping is designed to be a strong influence in the lives of the children it serves and YMCA Camp Carson realizes that typical problems are usually overcome through a program of high expectations and positive motivation. In the event that our program/facility is not a good match, we will do everything we can to help you locate a camp that would be more suited to serving your child's needs.

The Director reserves the right to decline the application of any child, or send home any child, who according to the Director's discretion is not a desirable associate for the other campers. If a camper is dismissed due to behavioral/social issues, the tuition is not refundable.

By making application, it is understood that permission is hereby given to use pictures in which my child as a camper may appear in the Camp brochure, DVD, web-site, or other promotional literature/posters used by the camp, YMCA of Southwestern Indiana inc., American Camp Association, YMCA of the USA, or other camp affiliates. It is also understood that YMCA Camp Carson is not responsible for articles of clothing or personal belongings damaged or missing in transit, loss or theft.

◆ I am enclosing a **registration fee of \$75 per session** for Session(s) \_\_\_\_\_ in the \_\_\_\_\_ program, which will be applied to the total tuition fee. I will pay the remaining balance by **May 15, 2012. (Registrations received after May 15, 2012 should include the entire camp fee.)**

◆ I understand the total registration fee of an applicant on the **waiting list** is refundable if space does not become available.

◆ I understand that the registration fee of \$75 per week is a registration fee and is **not refundable under any circumstances.**

◆ I understand that if YMCA Camp Carson receives WRITTEN NOTIFICATION of cancellation **prior to May 15, 2012** I will receive a full refund less my registration fee. After this date the fees are non-refundable, unless a camper from the waitlist can accept the space.

◆ I agree to have this child examined by a licensed physician within one year of arrival camp, and to present a properly completed **YMCA Camp Carson Health Examination Form no later May 15<sup>th</sup>, 2012.** (Health Forms will be mailed to parents after the registration is received.)

◆ I understand that there are increased levels of risk with any adventure-based program. At YMCA Camp Carson these programs include Alpine Tower, Pamper Pole, Zip-lines, Giant Swing, The Blob, Lake/Waterfront activities, Archery, Riflery, Mtn. bikes/boards and off-site trips. My signature below gives my child permission to participate in these activities, assuming they meet the age criteria.

◆ I have read, understand, and agree to all the above.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**REGISTER ONLINE at [www.campcarson.org](http://www.campcarson.org)**

**Discounts for Full Week Sessions:**      **2<sup>nd</sup> Child Discount - \$20**      **Sign Up a Friend Discount - \$10** (this must be the friend's first year at YMCA Camp Carson and your name must appear on their application to receive credit)

Friend \_\_\_\_\_ Friend \_\_\_\_\_ Friend \_\_\_\_\_

(Use additional sheet if necessary)

METHOD OF PAYMENT: Please  all that apply (Note: The payment plan option is one of the most convenient and easiest budgeting options for families.)

I am selecting the payment plan – Please charge only the registration fee today then the balance, in equal amounts, on the 15<sup>th</sup> of each month until May 15<sup>th</sup> 2012

**PAYMENT PLAN - AUTO BANK-DRAFT - TERMS**      Please make monthly drafts through my  checking  savings account

- Initial registration fee of \$75 must be made prior to bank-draft being processed.
- Drafts will be processed on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a weekend or a holiday, the draft will occur on the next business day.
- Drafts can be taken out of checking or savings accounts.
- The draft amount will be determined by the Session(s) selected, additional options chosen (horseback/dirt-bikes) and the month in which the sign up occurs.
- If a bank-draft is returned by the bank due to insufficient funds, a letter will be sent to the parent informing them of the double draft that will occur with the next payment along with any bank fees incurred for insufficient funds.
- If a bank-draft is returned by the bank for any reason other than non-sufficient funds or if it is returned for non-sufficient funds for two consecutive months, the camp balance will no longer be eligible for the bank-draft payment option.
- Drafts against your bank account will start on the 15<sup>th</sup> of the month after this form returned and will continue until the draft on May 15<sup>th</sup>.

**INSTRUCTIONS:**      **Return** the completed camp application, **along with** a **voided check or a copy of your account card for a savings account.**  
To obtain the amount of your monthly deduction contact the camp office.  
If you change bank accounts, you must notify the camp office staff immediately to update your information. This contact must be made by the 10<sup>th</sup> of the month so that changes can be made for the draft on the 15<sup>th</sup>.

I am selecting to pay by  Check (enclosed)     Debit Card / Credit Card     Charge Registration Only     Charge Entire Fee

VISA     MasterCard    Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires \_\_\_\_\_ (M M / Y Y)

I wish to donate \$10  \$25  \$50  \$75  \$100  other \$ \_\_\_\_\_ All donations are tax deductible. Your contribution will help sponsor other children to camp and also underwrite program costs and equipment repairs. Thank you for your consideration and support.

How did you hear about YMCA Camp Carson? \_\_\_\_\_

Are you making application for any siblings for any of the 2012 sessions?    YES \_\_\_\_\_    NO \_\_\_\_\_

Are either or both parents former YMCA Camp Carson counselors or campers?    YES \_\_\_\_\_    NO \_\_\_\_\_

Name \_\_\_\_\_ Dates at Camp: Camper \_\_\_\_\_ Staff \_\_\_\_\_

Name \_\_\_\_\_ Dates at Camp: Camper \_\_\_\_\_ Staff \_\_\_\_\_

Names/addresses of other families you recommend to receive information about **YMCA Camp Carson** (Use additional sheet if necessary):

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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