

**CAMP AVANTI  
RDPT  
2705 Enloe Street  
Hudson WI 54016**

Today's Date: \_\_\_\_\_

**APPLICANT INFORMATION**

**Parent/Guardian Name (s):**

Date of Birth:	Email:	Phone:
Current Address:		
City:	State:	ZIP Code:
Own    Rent    (please circle)	Monthly pmt or rent: \$	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Campers Name (s):**

Day Avanti (6-8 years) - \$490.00

Camp Avanti (8-12 years) - \$660.00

Avanti River (13-15 years) - \$725.00

Avanti Boundary Waters (13-15 years) – \$950.00

**FAMILY INFORMATION**

PLEASE LIST BELOW ALL MEMBERS THAT LIVE WITH YOU / # OF ADULTS IN HOUSEHOLD \_\_\_\_\_

Name	Birth date	Relationship to You	Gender
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female

**FINANCIAL INFORMATION**

CAMP AVANTI REQUIRES THE FOLLOWING INCOME INFORMATION FROM ALL ADULT MEMBERS OF THE HOUSEHOLD. PLEASE INCLUDE THE INDICATED SOURCE AND ATTACH PROOF OF INCOME.

Income Source	Monthly Amount	Expected Changes(if any)	Proof of Income Attached <i>(Include one of requested forms)</i>
Wages, tips, other	\$		<input type="checkbox"/> 1040, W-2s, 2 pay stubs
Spousal support/Child support	\$		<input type="checkbox"/> Legal Documents / check copies
Disability/Social Security	\$		<input type="checkbox"/> SSI documentation / 2 pay stubs
Unemployment	\$		<input type="checkbox"/> Unemployment approval letter
Self employment	\$		<input type="checkbox"/> 1040, 1099s
Other (Include county, agency income/support)	\$		<input type="checkbox"/> Proof of other income
<b>Total Monthly Income</b>	<b>\$</b>		<b>All required documentation attached</b>

**PARENT NARRATIVE**

Please provide narrative to explain why the experience of attending camp would benefit your child.

**CAMP AVANTI**

(2)

**CAMPER NARRATIVE**

Please have the camper explain why they would like to attend camp.

**COUNTY / THIRD PARTY AGENCY ASSISTANCE**

1) Have you applied for, or are currently receiving County Assistance? **Y / N**

If yes, please list the specific County: \_\_\_\_\_ and Case # \_\_\_\_\_

2) Have you applied for, or are currently receiving assistance from another agency? **Y / N**

If yes, please list the specific Agency Name: \_\_\_\_\_ and phone # \_\_\_\_\_

Scholarship participants who default on payment schedule will forfeit participation in current and future programs of Camp Avanti. Payments must be made on or before the due date. By signing below, I testify that the above provided information is accurate, truthful, and comprehensive. I understand and agree to all policies pertaining to this application and will follow specific camp program policies.

**Signature of Applicant or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MAY WE SHARE YOUR STORY ON WHAT THE CAMPING EXPERIENCE MEANT TO YOUR CHILD AND YOUR FAMILY?

Yes, Please contact me

No, Not at this time

**SUMMARY QUESTIONS**

1) Are there any extenuating family circumstances you would like us to know about as we review your application?

2) What is the maximum family contribution you can make toward your child's camp experience?