



Campership Pre-Application

UCLA Unicamp Week-long Camping Experience

Member's Name: _____ Gender _____ Age _____

Birthdate: ___/___/___ School: _____ Grade in Fall: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

HEAD OF HOUSEHOLD INFORMATION

Parent/Guardian's Name: _____ Relationship: _____

Address: Same as Above: YES NO **If no, please fill in address below.**

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Cell #: (____) _____ Home #: (____) _____ Email: _____

Parent/Guardian's Name: _____ Relationship: _____

Address: Same as Above: YES NO **If no, please fill in address below.**

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Cell #: (____) _____ Home #: (____) _____ Email: _____

CAMP FEES

Summer Camp Fee: **\$300.00** Non-refundable Deposit Due with Pre-Application: **\$50.00**
Includes 6 nights and 7 days of camping, all meals, lodging, camp activities and transportation to camp.

Financial assistance available to reduce camp costs to eligible families.
Contact JD Lovrensky regarding financial assistance eligibility.

Requesting Financial Assistance

Initial Deposit - \$50.00 Date of Payment ___/___/___ Balance Due: \$ _____ Staff Initials: _____

INSTALLMENT PLANS

Date of Payment ___/___/___ Amount: \$ _____ Balance Due: \$ _____ Staff Initials: _____

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