



**Harvest  
Christian  
Camp**

# Sponsorship Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Harvest Christian Camp is only funded by the registration fees and private donations. Sponsorship dollars are limited to funds received through grants and private donations. Sponsorship for all camps is given at the discretion of Harvest Christian Camp.**

**All applicants are required to contribute a minimum of \$25.** To be considered for Sponsorship the following three items must be turned in to the camp office: a completed Camper Registration form, a completed Sponsorship Application form and your deposit monies.

**Only one Sponsorship will be considered per camper.** Also note that, if your child receives Sponsorship money from the Henry County Community Foundation grant, pictures will be taken for their publications, but no names will be used.

**Which Camp does your child/teen wish to attend:**

- Rookie Camp, ages 8yrs thru 5th grade
- Junior Camp, grades 6th thru 8th
- High Life Camp, grades 9th thru 12th grade
- Teen Work Study, ages 14 yrs thru 12th grade
- Outreach Camp, ages 14 yrs thru 12th grade

**SPONSORSHIP REQUEST:**

How much money can you contribute toward the camp fees? \_\_\_\_\_ Please contribute as much as possible - this will allow more money to be used for other campers in need of financial assistance.

Amount of Sponsorship dollars requesting? \_\_\_\_\_

Name of the church you attend most regularly \_\_\_\_\_

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

**Please return application and deposit to:**

**Harvest Christian Camp 9630 S CR 25 W Lewisville, IN 47352**

**OFFICE USE ONLY**

Date Recd: _____	Approved for Sponsorship: Yes No	Denied for Sponsorship _____
Amt Received: _____	Funded by _____	Reason _____
Check #: _____	Amount Approved _____	_____
Cash: _____	- Or -	Date denied _____
	Payment Plan _____	Initialed _____
	Date approved _____	
	Initialed _____	