



Office Use Only:
 Applicant (Parent/Guardian) Last Name: _____
 Date Received: _____ Received By: _____

Additional Camper Application 2024

Please also fill out the Camp Partnership Application Form 2024. This form will not be accepted on its own. Complete ALL sections for each camper and be sure to print clearly!

Parent/Guardian Name(s) _____

Camper First Name _____ Camper Last Name _____

Gender: Male Female Birthdate (mm/dd/yyyy) ____/____/____ Age _____

Grade (as of Sept. 2023, or "Pre-K"/"Adult") _____ Care Card # _____ - _____ - _____

Name of Camp (from UGM's list of 16 pre-approved camps) _____

Camp Session _____ Session Date _____
 e.g. "Junior #3". Remember, we do not sponsor day camp! e.g. "August 13-17"

Have you registered this camper for the camp requested already? Yes No
 (If you're not sure if the camp you've selected uses online or paper registration, check with the UGM camp partnership team)

Has your child been sponsored by UGM previously? Yes No

Is the camper attending any other camps this summer? Yes No

If yes, which one(s)? _____
 (Camp name and sponsoring organization if applicable)

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Have you registered this camper for the camp requested already? Yes No
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Has your child been sponsored by UGM previously? Yes No

Is the camper attending any other camps this summer? Yes No

If yes, which one(s)? _____
 (Camp name and sponsoring organization if applicable)

I certify that all information provided is true and correct, to the best of my knowledge:

Guardian's Full Name (please print) _____

Guardian's Signature _____ Date _____



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