



Union Gospel Mission Additional Camper Application Form

Office Use Only

Applicant (Parent/Guardian) Last Name _____

Date Received _____ **Received By** _____

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

Name of Parent(s)/Guardian(s) (FIRST) _____ (LAST) _____

Name (FIRST) _____ **(MIDDLE)** _____ **(LAST)** _____

Gender Male Female **Date of Birth (MM/DD/YYYY)** _____/_____/_____ **Age** _____

Grade (as of Sept. 2024, 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) _____

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

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____