

2024 Greenville Optimist Camp Wah-Wah-Tay-See

CAMPER APPLICATION

Camp Phone (during camp only): (616) 754-1376
EightCAP Office Phone (year-round): (616) 754-9315



The Greenville Optimist Club and EightCAP, Inc. invite you to fill out this Camp Application. You will notice that there are changes from previous applications, so please read it carefully. One application form must be completed for each person wishing to attend camp. EightCAP, Inc. reserves the right to accept or reject any Camper Application at EightCAP, Inc.'s sole discretion.

**Please return your completed application and payment to EightCAP, Inc.
AS SOON AS POSSIBLE**

2024 Camp Schedule: Please circle the session the applicant would like to be enrolled in.			
Session 1	Session 2	Session 3	Session 4
Ages 5 - 11	Ages 12 - 15	Ages 16 – Adult	Adult
June 24 – June 27	July 1 – July 3	July 15 – July 18	July 22 – July 25

APPLICANT INFORMATION	
Applicant Name:	Phone Number: () _____ - _____
Mailing Address:	
City/State/Zip:	
E-Mail Address:	Camper T-Shirt Size: _____ Youth <input type="checkbox"/> Adult <input type="checkbox"/>
Birth Date:	Age: _____ Gender (circle one): Female Male
Teacher Name (if applicable):	School:
Please be aware that the camper-to-staff ratio is 3:1; we do not have the resources to provide 1-to-1 supervision for every camper. Do you believe that the medical and safety needs of the camper can be attended to with this level of supervision? <i>(NOTE: If you have questions about our camp's ability to serve your camper, please contact our camp director at (616) 754-9315 to discuss what options might be available.)</i>	(circle one) Yes No
By signing below, I am granting permission for the applicant indicated above to attend the 2024 Greenville Optimist Camp Wah-Wah-Tay-See for Persons with Disabilities for the selected session.	
Parent/Guardian Name (if applicable):	
Signature:	Date:

Additional information and forms will be sent to you regarding camp registration time, camper health information, camper pick up time, etc. Additional copies of this registration form can be printed from our website, www.optimistcamp.org. One application is required for each person.

Number of people in household: _____	Does anyone in the household receive free or reduced lunches: Yes / No (circle one)
Total Household Income: \$ _____	

[See Reverse Side]

REGISTRATION PAYMENT INFORMATION

Requested Registration Fee: \$20.00 **Amount included with this application: \$_____**

Camperships are available if needed. Please use space below to tell us why coming to camp is important to you:_____

Registration Payments (Check, Money Order) can be made out to "EightCAP, Inc." Please send your completed Camp Application Form and payment to: **EightCAP, Inc. – 5827 Orleans Road, Orleans, MI 48865-8603**

VOLUNTARY DONATION INFORMATION

Donations to the Camp are welcome but are **NOT REQUIRED**. If you are able and willing to donate to EightCAP for camp, please indicate the amount in the box to the right. \$_____

EightCAP, Inc. is a 501(c)3 nonprofit organization. Donations can be mailed along with the Camper registration.