



2016 Camp Manitou Campership Application

The application will be processed once ALL the required documentation (as listed below) is completed and submitted. Once subsidy has been approved you will receive notification either by mail or email.

All applications are subject to a non-refundable \$25 deposit fee per camper in order to reserve the spot for the camper(s) while the application is being processed. Once approved, the deposit will be applied to the Camp fees.

Child's First Name _____ Child's Last Name _____
Address _____
City/Town _____ Province _____ Postal Code _____
Birthdate _____ Age while at Camp _____ Gender (please circle) Male Female
(mm/dd/yyyy)

CAMP WEEKS Please rank the camp weeks in order of preference. 1 - first choice 5 - last choice

Preferences _____ Please note: Camp Manitou cannot guarantee you your first choice.

	July 11-15, 2016	\$200.00 (includes lunch and daily snack)	INDWEEK#1
	July 18-22, 2016	\$200.00 (includes lunch and daily snack)	INDWEEK#2
	August 8-12, 2016	\$200.00 (includes lunch and daily snack)	INDWEEK#3
	August 15-19, 2016	\$200.00 (includes lunch and daily snack)	INDWEEK#4
	August 22-26, 2016	\$200.00 (includes lunch and daily snack)	INDWEEK#5

Parent/Guardian #1 Note: This individual will receive all correspondence for this child.

Parent First Name _____ Parent Last Name _____
Address (If different from child's): _____
City _____ Province _____ PC _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

The majority of correspondence, including tax receipts, is through email

Parent employment status (please circle one): FULL TIME PART TIME UNEMPLOYED

Parent/Guardian #2

Parent First Name _____ Parent Last Name _____
Address (If different from child's): _____
City _____ Province _____ PC _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

The majority of correspondence, including tax receipts, is through email

Parent employment status (please circle one): FULL TIME PART TIME UNEMPLOYED

Social/Case Worker Information (if applicable)

Name _____ Phone Number _____

Total # of People in Household (including adults and children) _____

Number of dependent children in the family _____

Total gross household income (line 150 of tax return)

Parent/Guradian #1		Parent/Guardian #2		Total
	+		=	



Do you have any special financial circumstances (e.g. medical bills, etc.) that affect your ability to make full fee payments? If so, please explain.

Applicants are required to verify economic need. Accepted documentation includes:

- 1 Current paystub (for both parents if you are married or claim common-law when filing taxes)
 - 2 Proof of social assistance status
 - 3 Notices of Assessment from the last fiscal year required for both parents if you are married or claim common-law when filing taxes
 - 4 Income Summary of last year Income Tax Return
- All documents are kept confidential.

Is your child attending any other camps this summer? YES NO

Sunshine Fund Recipient: YES NO UNKNOWN

Income Cut-Off Levels for 2016 Fund Applications

Size of Family	Income Cut-Off Level
*Includes adults plus dependent children	*Based on gross annual income
2	\$34,000
3	\$40,500
4	\$47,000
5	\$53,500
6	\$60,000
For each additional family member add	\$6,500

Applications are reviewed on a first come first served basis. The number of children we can subsidize in any given year is dependent upon the funding available from donations and grants we receive. If you qualify, the maximum subsidy amount is \$175.00 per child per year.

Completed applications can be emailed, mailed, faxed, or dropped off in person. Please see contact information below. ****Please note:** Mailed forms MUST be sent to the Graham address.

Camp Manitou	Mailing Address	Email: campmanitou@truenorth.mb.ca
850 Green Oaks Lane	345 Graham Avenue	Phone: 1-204-837-4508
Headingley, MB R4H 1C5	Winnipeg, MB R3C 5S6	Fax: 1-204-926-5555

I hereby certify that the following information given in this application form is true, correct and complete to the best of my knowledge. I understand that this campership is subject to review and I have enclosed the deposit of \$25 for each child on this form, as well as a completed camper registration form for each child.

Signature: _____ Date: _____

INTERNAL USE ONLY			
Date Received		Non-Refundable Deposit	
Funds Received	YES NO	Payment Type	