

Friends of Scouting, Inc.

Campership Request

Date

Name: First Last

Address: Street Apt.

Town/City State Zip Code

Telephone: Daytime Evening E-Mail

* If applicant is under 18 years in age please provide parent/guardian telephone and email

information Parent/Guardian Name: First Last

Scouting Information: Cub Scout Boy Scout Venturer Explorer

Girl Scout Leader/Parent Other

Unit # Rank/Position

Camp Information: Day Camp Long-term

Camp Name

Camping Dates Start End

Date camp registration due

* Campership requests are approved quarterly by the FOS Board – August, November, February, May – Please submit timely

Base cost of camp

* FOS Inc. supports payments of up to 50% of base cost of camp

Additional costs

* Additional cost support is per FOS Inc. discretion

* Briefly explain what is included in additional costs:

Please provide a brief explanation on why you want to attend Camp:

Please provide a brief explanation on why you need financial support to go to Camp:

Please provide a brief explanation of other fundraising you have done to fund your camping adventure:

Scouting Leader Approval (signature) _____ (print) _____