**CAMPERSHIP APPLICATION 2024**

**Sponsored by**

**Cumberland County Extension Homemakers, 4-H Leaders’ Association, Tractor Supply Company,**

**and Robert and Barbara Tibbett’s 4-H Camperships**

* ***Robert and Barbara Tibbett’s 4-H Camperships & Tractor Supply Company:* Minimum $100**
* ***All other camperships:* $50.00**

**(Amount of campership is not to exceed 50% of the cost of the camp)**

Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H membership not required, but if a member, how many years in club work? 

Projects\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Youth Organizations you belong to: How Many Years: Office(s) Held:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check One: Day Camp: \_\_\_\_

 Overnight Camp: \_\_\_\_

Camp Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Town: \_\_\_\_\_\_\_\_\_ \_\_\_

State: \_\_ \_ Zip: \_ \_\_\_\_\_\_***(Camp address is essential for direct payment to the camp)***

Total cost of camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of aid from other sources: \_\_\_\_\_\_\_\_\_\_\_

Have you received this campership before? Yes \_\_\_ No \_\_\_

What camps have you previously attended? \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Please answer the following question on the back of this page or on a separate sheet of paper:**

***“I would like to attend this camp because…”***

Participant Signature: Parent’s Signature: 



Return to: University of Maine Cooperative Extension **Applications Must be Received by:**

 Attn: 4-H Camperships **Friday, April 05, 2024**

 75 Clearwater Drive, Suite 104

 Falmouth, ME 04105

 or email: allison.pollock@maine.edu