

**Good Samaritan
Reference/Sponsor Form**

Samaritan's Name: _____ Relationship to camper: _____

Street Address: _____

City State Zip

Home Phone: _____ Work Phone: _____ Email Address: _____

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Camper's Name: _____ Age: _____ Sex: _____

Parent/Guardian Name: _____ Relationship to Camper: _____

Street Address: _____

City State Zip

Mailing Address: _____

(If Different) _____ City State Zip

Home Phone: _____ Work Phone: _____ Email Address: _____

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Please fill out the following information. Use back if needed for answers

1. Has the camper attended Camp Wabanna in past years? Yes No

2. Please explain nature and extent of financial need.

3. Why do you desire to have this child come to Camp Wabanna?

4. How many siblings does this child have, and what are their ages?

5. What other information would assist our staff in serving this child?

6. Will you be providing financial assistance for the camper? Yes No

If yes, how much of the \$420 per week, per camper, will you be providing? \$ _____

Snack Shop? \$ _____

How much of the \$420 per week, per camper, is the family able to contribute? \$ _____

7. Have you informed the family that campers will be expected to write a letter to a sponsor and take a picture with their counselor at the end of their experience? Yes No