

Lutheran Retreats, Camps and Conferences  
www.LRCChome.com  
Summer Campership Application for Individuals

The parent/guardian AND Pastor must sign and complete this form and return it with the camper registration form at least 4 weeks prior to the date of camp. The information is needed in order to qualify for grants.  
(All information will be kept strictly confidential).

Return to: The camp that your child will be attending: El Camino Pines or Yolijsa (addresses on our website).

PLEASE PRINT: Church and City \_\_\_\_\_ Pastor's signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Program \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_

Program Cost \$ \_\_\_\_\_ Financial Assistance Requested \$ \_\_\_\_\_ Other sources will pay \$ \_\_\_\_\_

Family will pay \$ \_\_\_\_\_ Annual Income \*(non-welfare) \$ \_\_\_\_\_ # of persons in household \_\_\_\_\_

Medi Cal / AFDC Foster Care – list welfare # \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnic: African American \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ American Indian \_\_\_ Other \_\_\_

Camper name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Program \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_

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For Office Use Only

Total Campership Awarded \$ \_\_\_\_\_ LA Times Grant \$ \_\_\_\_\_ Other Sources: \$ \_\_\_\_\_