

# BURSARY APPLICATION FOR SUMMER DAY CAMP 2019

\_\_\_\_\_  
(Name of Church)

\_\_\_\_\_, **2019**  
(Dates of Camp)

## Child's Name(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone number:** \_\_\_\_\_

**Mobile Phone number:** \_\_\_\_\_

**Amount requested:** \_\_\_\_\_

(**Note:** The total cost of the camp is \$60.00/child for the week. You can request up to \$30.00/child/week.)

Please give this request the staff at the church or send to Cathie Talbot (Camp Administrator)

**By mail:** 392 Curtis Road, Comox, BC, V9M 3W1

**By email:** [cgtalbot@shaw.ca](mailto:cgtalbot@shaw.ca)

**For more information** call Cathie at 250-339-1021