

PROJECT HEAL THE CHILDREN
A Program Sponsored by the American Camping Association

CAMP PARTICIPATION FORM

[Please use one form per camp]

I would like to participate in Project Heal the Children. I understand that the commitment is for the camp-life of each child I/we accept into the program, assuming appropriate behavior on the part of the camper. Potentially, a child will be eligible for this program from the time he/she is ready to begin camp until he/she ages out of my camp.

I understand that I/we will be asked to send brochures and other promotional materials to qualified individuals and that they will make a preference selection to request a place in my/our camp. I further understand that the ultimate decision to accept a camper into our program will be made by the camp.

As a participant in this program, I agree to report annually to the American Camping Association – NY Section the name, age, and address of each camper that I/we accept under this program.

CAMP NAME _____

LOCATION _____

TYPE OF PROGRAM: Day Camp [] Resident Camp []

LENGTH OF SESSION: 8 week [] 6 week [] 4 week []
 3 week [] 2 week [] 1 week []

NUMBER OF ANNUAL CAMPERSHIPS COMMITTED TO PROJECT HEAL THE CHILDREN _____

NAME OF CAMP CONTACT PERSON _____

PHONE NUMBER (WINTER) _____ FAX _____

E-MAIL ADDRESS _____

NAME OF CAMP DIRECTOR(S) _____

DATE _____

SIGNATURE OF DIRECTOR

PLEASE RETURN COMPLETED FORM TO:

PROJECT HEAL THE CHILDREN
AMERICAN CAMPING ASSOCIATION – NY SECTION
1375 BROADWAY, 4TH FLOOR
NEW YORK, NY 10018