



taking on disability together

Camp ROCKS (June 11 – 16, 2017) Payment Options

Please check the appropriate options for your payment.

Camper's Name _____

Required \$100 Deposit

- Check for deposit enclosed
- Please charge my credit card for the following amount (\$ _____)
 - Visa
 - MasterCard
 - Discover
 - American Express

Printed Name _____

Card Number _____

Address _____ Expiration Date _____

City _____ State _____ Zip _____

Signature _____

Camp Payment Options:

Choice #1 - I will pay the full camp fee of \$375 for my camper's session.

- Check for full amount enclosed
- Please charge my credit card for the following amount (\$ _____)
 - Visa
 - MasterCard
 - Discover
 - American Express

Printed Name _____

Card Number _____

Address _____ Expiration Date _____

City _____ State _____ Zip _____

Signature _____

Choice #2 - I have arranged for my own sponsorship

The following organization has agreed to pay \$ _____ toward our camp fees.
I will pay the difference of \$ _____

Name of the Organization _____

Contact Person _____ Contact Phone _____

Address _____

City _____ State _____ Zip _____

Choice #3 I am requesting a camp scholarship from Camp ROCKS

Once the level of assistance has been determined, you will be contacted by a camp coordinator. **Please attach a copy of last year's tax return and complete Application for Camp Scholarship form.**

Please contact Sylvia Smith at 317.466.1000 x2488 with any questions.
Camp ROCKS Application for Camp Scholarship

Please complete this form to apply for a scholarship and return it with your Camp ROCKS registration form. This confidential application will only be reviewed by the camp coordinator for the purpose of determining eligibility. No other camp participant, counselor or volunteer will be aware of this application or subsequent award of scholarship, if any.

Child's Name _____

Parent's Names _____

Address _____

Home Phone _____ Work/Cell _____

Number of family members in the household

_____ Mother _____ Father

_____ Children _____ Other Adults

Gross Annual Income \$ _____

We must have a copy of last year's tax return; please attach

We believe that any child on the autism spectrum who would benefit from camp should attend without regard to the family's ability to cover the cost of camp. Scholarships are only available due to the gracious gifts of caring individuals.

By signing this application you are attesting to the need for financial assistance.

Parent / Guardian

Date

Parent / Guardian

Date

Cost Structure Camp ROCKS 2017	
Actual cost per camper:	\$1,325
Minus charitable donations:	<u>- 950</u>
Camper fee for one week:	\$375