



2019 Family Camp Campership Application Form

Please see www.FeatherRiverCamp.com for rates, dates, cancellation policies, and other important information on registration. To ensure timely registration processing, please print legibly and complete all fields.

Please read the Campership Application Instructions prior to filling out this form.

HEAD OF HOUSEHOLD CONTACT INFORMATION

CONTACT PERSON: FIRST MI LAST

STREET ADDRESS APT # CITY STATE ZIP

HOME # CELL # WORK #

EMAIL & EMAILS OF OTHER FAMILY MEMBERS

This will be our _____ summer at OFRC. I/we currently work in Oakland I/we am/are a former Oakland resident

How did you first hear about OFRC? (specificity is appreciated!) _____

FAMILY MEMBER INFORMATION & COST CALCULATION

Please fill out this section clearly and fully. Age information is gathered for demographic reporting and helps us plan for age-appropriate programming.

Camper Name*	Age	Dietary Restrictions	Arrival Date	Departure Date	# of Nights	Nightly Rate	Total
<i>*For groups of >5 campers, please use additional forms.</i>				Sub-Total Camper Cost:			\$

Total Amount of Sub-Total Camper Cost Family Able to Contribute: \$

Requested Campership Amount (Sub-Total Camper Fees minus Total Amount Family Able to Contribute): \$

# of Tents/Cabins Needed:	Electricity: <input type="checkbox"/> YES <input type="checkbox"/> NO	\$5/night surcharge for each tent/cabin with electricity	\$
	For Dog Week Only	# of Dogs (2 max):	\$20/night for each dog \$

Add-On Electric/Dog Sub-Total: \$

Total Amount Family is Able to Contribute + Applicable Add-On Cost: \$

CONTACT INFORMATION FOR ADDITIONAL FAMILIES (if applicable)

You do not need to fill this out this section if all members listed above reside in the same household.

If any campers on your registration are from a different household, please provide the following information for the head of household/primary contact of each family staying in your tent or cabin.

CONTACT PERSON: FIRST MI LAST

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**** PLEASE TURN OVER AND COMPLETE OTHER SIDE ****

HEALTH AND MEDICAL NEEDS

Please provide health or medical conditions for anyone in your family or group which our Camp Health Staff should be aware of (severe allergies, mobility issues, or if bringing a service dog):

TENT/CABIN PREFERENCE & REQUESTS

We welcome you to request specific tents and/or cabins if you have a preference. We do our best to provide everyone one of their top three requests, however housing assignments are processed in the order they were received.

ACCOMMODATION TYPE (please indicate)

Tent Cabin No Preference

SPECIFIC TENT/CABIN (in order of preference)

1. _____ 2. _____ 3. _____

OTHER FAMILIES WHO YOU'D LIKE TO CAMP NEAR

We will do our best to fit you close to the families listed.

1. _____ 2. _____ 3. _____

If all of your tent/cabin requests are already taken, we will reach out to explore other options.

OPTIONAL

CAMPER DEMOGRAPHICS

Many foundations require camper demographics to receive grant funding. In addition, providing camper demographic information may reduce the cost of leasing land from the Forest Service. Participation is optional, but much appreciated!

Ethnicity *(check all that apply)*

- _____ - African
- _____ - Asian
- _____ - Caucasian
- _____ - Latino/Hispanic
- _____ - Middle Eastern
- _____ - Indigenous American
- _____ - Pacific Islander
- _____ - Other: _____

Annual Household Income

- _____ - under \$25,000
- _____ - \$25,000 - \$50,000
- _____ - \$50,000 - \$75,000
- _____ - \$75,000 - \$100,000
- _____ - over \$100,000

SUPPORT AND GIVE BACK TO CAMP

Last season, with the support of campers and donors like you, we provided over \$50,000 in scholarships to low-income youth and families and made critical facility repairs and renovations. We invite you to join us in supporting these efforts by making an optional, tax-deductible donation to Camps in Common:

Campership Fund \$ _____

Facility Improvement \$ _____

Programming Supplies \$ _____

Wherever Most Needed \$ _____

PARENT/GUARDIAN(s) EMPLOYER / OCCUPATION(s):

Please send completed form + other application materials to:

Camps in Common, PO Box 11061, Oakland, CA 94611

High Quality Scans can be emailed or faxed to: Info@FeatherRiverCamp.com or 510-601-1595

We will send an confirmation email immediately upon receipt of your application. Then, after processing, we will follow up within two weeks with your campership award determination.

Please check here if you'd like your follow up communications mailed instead of emailed.

FOR OFRC OFFICE STAFF USE ONLY

_____ - Date Application Received	_____ - Campership Amount Granted
_____ - Date of Confirmation of Receipt	_____ - Date Award Letter Emailed Out
_____ - One Page Letter Included	_____ - Date Added to Alpha
_____ - Financial Documentation Included	_____ - Date Added to Access
_____ - Date of Award Decision	