

2020 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.

HEAI	O OF HO	USEHOLD C	ONTACT INFO	RMATION	N			
CONTACT PERSON:								
FIRST			MI	LAST				
STREET ADDRESS:ADDRESS		APT #		CITY	 	STATE	ATE ZIP	
PRIMARY PHONE:			SECONDARY PH			0.72		
(Please indicate: Hom	e / Cell / V	Work)			e indicate	: Home / Ce	ell / Wor	k)
EMAIL: & EMAILS OF OTHER FAMILY MEMBERS								
This will be our summer at OFRC.		☐ I/we currentl	y work in Oakland	Пи	we am/ar	e a former (Dakland	resident
How did you first hear about OFRC? (specific						e a former v	Jakiana	resident
·								
Please fill out this section clearly and fully. Age			ION & COST (age-annronri	ate progr	ramming
Camper Name*	Age	Dietary Restrictions	Arrival Date	Departure Date	# of Nights	Nightly Rate		otal
				2000	11191100	110.10		
*For groups of >5 campers, please	use addition	nal forms.		Subtota	al Camp	er Cost:	\$	
Total Am	ount of	Subtotal Car	nper Cost Fam	ily is Able	to Con	tribute:	\$	
Requested Campership Amo						F	\$	
# of Tents/Cabins Needed:		Facility Main	tenance Surcharg	e (\$10 /nigh	nt / tent	or cabin):	\$	
# of Tents/Cabins Needed:(4 beds max per tent/3 beds max per cabin)	Electricit	y: YES	arge for each te		-	\$		
		gs (2 max):		\$20/night for each dog **For Dog Week Only**				
		30 (=)		total Fees		-	\$	
Total Amo	unt Eam	ily is Able to	Contribute +			-	\$ \$	
		-				L	р	
ADDITIONAL HO			CT INFORMAT The subsets of the subse	_		_		
Please provide the contact information for the prim							nation for	anv addi-
tional youth that may be staying in your tent of	or ćabin. You	u do not need to fill	out this section if all	members liste	d ['] above re	side in the sa	me house	ehoĺd.
CONTACT PERSON:								
FIRST			MI			LAST		
TREET ADDRESS:								
ADDRESS		APT #	C	ITY		STATE		ZIP
RIMARY PHONE: (Please indicate: Home	/ Call / 14/		SECONDARY PHO		indiasta	Hama / C-1	1 / 1//	1
,	/ Ceil / Wi	UIK)		(Please	inuicate:	Home / Celi	/ VVOTK)
MAIL: 8 EMAILS OF OTHER FAMILY MEMBERS								
his will be our summer at OFRC		I/we currently v	work in Oakland	☐ I/we	am/are a	a former Oa	kland re	sident

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). Feel free to use an additional page if needed.

TENT/CABIN PREFERENCE & REQUESTS								
We welcome you to request specific tents and/or cabins if you have everyone one of their top three requests, however housing assignments a	a preference. We do our best to provide are processed in the order they were received.							
ACCOMMODATION TYPE (please indicate)	<u>SPECIFIC TENT/CABIN</u> (in order of preference)							
☐ Tent ☐ Cabin ☐ No Preference 1	2 3							
Or, if no specific Tent or Cabin request, please list other families who you'd like to camp near								
1 2	3							
If all of your tent/cabin requests are already taken, we will reach out to explore other options.								
OPTIONAL								
CAMPER DEMOGRAPHICS	SUPPORT AND GIVE BACK TO CAMP							
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 - under \$25,000 - Asian - \$25,000 - \$50,000 - Caucasian - \$50,000 - \$75,000 - Latino/Hispanic - \$75,000 - \$100,000 - Middle Eastern - over \$100,000 - Indigenous American - Pacific Islander - Other:	Last year, with the support of campers and donors like you, we provided over \$70,000 in scholarships to low-come 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 apple Camps in Common, PO Box 11061, Oakled High Quality Scans can be emailed or faxed to: Info@Feath We will send an confirmation email immediately upon receipt of your follow up within two weeks with your campershic Please check here if you'd like your follow up communications.	and, CA 94611 nerRiverCamp.com or 510-601-1595 application. Then, after processing, we will p award determination.							

FOR OFFICE STAFF USE ONLY

_____ - Campership Amount Granted

_____ - Date Award Accepted

_____ - Date Added to Alpha

____ - Date Added to Access

_____ - Date Award Letter Emailed Out

_____ - Date Application Received

_____ - Date of Confirmation of Receipt

____ - Financial Documentation Included

____ - One Page Letter Included

___ - Date of Award Decision

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