

TEN MILE RIVER SCOUT CAMP

CAMPERSHIP APPLICATION for HUDSON VALLEY COUNCIL SCOUTS

Parents/Leaders we are glad to share with you that Ten Mile River Scout Camp has been able to secure a limited number of scholarships for Scouts attending our camps.

Please fill out all questions pertaining to information about the Unit, Camper, Parent(s), and Family below. Your completed form will expedite the process in getting you an awarded amount quickly.

Unit Leaders are required to collect applications and a (non-refundable) deposit of \$40 per camper, per week/session for each application submitted. This will eliminate incomplete applications, payment confusion and delays. **Check can be made payable to : GNYC, BSA. All forms are to be mailed to the GNYC office before May 15th.**

PRINT LEADER NAME: _____ Contact # _____ Email: _____

District: _____ UNIT TYPE: Scout Troop Venture Crew UNIT #: _____

CAMP DATES AND FEES: *All prices below are effective until May 31st. After May 31st late fee charge will apply.*

TEN MILE RIVER (1-6701-701-21)

Ten Mile River - \$430. per week
 Provisional Troop - \$430. per week
 Week 1 July 7 - 13
 Week 2 July 14 - 20 Aquehonga
 Week 3 July 21 - 27 Keowa
 Week 4 July 28 - August 3 Ranachqua
 Week 5 August 4 - 10
 Week 6 August 11 -17

SPECIALTY CAMP (1-6701-701-21)

Ten Mile River Trek - \$460/week
Ten Mile River Specialty Camps - \$4* \$/week
 TMR Provisional Troop (Keowa Weeks - 1,2,3,4,5)
 NYLT (Alpine July 8-14)
 Eagle Camp (Keowa Weeks 1-5)
 STEM Camp (Ranachqua Week 4)
 Eagle Camp (Ranachqua Week 5)
 SCUBA Adventure (Keowa Weeks 2 or 5)
 Eagle Camp (Aquehonga Week 6)
 BSA Lifeguard Camp (Ranachqua Week 6)

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CAMPER INFORMATION (Print Clearly):

First Name: _____ Last Name: _____ Date of Birth: _____
 Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
 School Attending: _____ Scout Rank _____ Grade: _____

PARENT/GUARDIAN INFORMATION (Print Clearly):

First Name: _____ Last Name: _____
 Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
 Contact #: _____ Contact #: _____
 Email: _____
 Alternate Contact First Name: _____ Last Name: _____
 Contact #: _____ Email: _____

FAMILY INCOME: Total yearly income must reflect all types of income: salary, unemployment, pensions, alimony, etc. for all family members. Financial hardship must be specified. Your application will be denied if hardship is not explained or if the campership amount is blank.

GNYC Amount Approved for Office Use Only

Total Yearly Income for house hold (Gross): \$ _____ *Campership Amount Requested \$ _____

Number of Family Members Residing at Home: _____ Adults _____ Children # of children attending Scout camp _____.

Briefly Explain Hardship: _____





2019 CAMBERSHIP APPLICATION

Dear Parent/Scout Leader: **for Hudson Valley Council Scouts**

- ▶ It is imperative to fully complete this form. Any information missing will not be assumed. Missing information will cause the form to be rejected without consideration until filled completely.
- ▶ Total yearly income must reflect all house hold family members. We ask you to include the following types of house hold income: salary, unemployment, pensions, alimony, disability, public assistance, etc.
- ▶ When expressing financial hardship please furnish explicit details.
- ▶ \$40 deposit must be paid per camper, per week for application to be considered. A campership request will be rejected unless the deposit is paid. The campership amount you are requesting must be specified.
- ▶ In order to accurately credit the unit with the campers awarded amount, the Council, District, Troop information must be completed. Campers crossing over must indicate new unit # and unit attending camp with. Please make sure camper's transfer information is submitted to GNYC office on time to avoid confusion in locating camper with the appropriate unit.
- ▶ All campership amounts awarded will be based on the Early Bird cost. No consideration will be given for the higher fee charged after May 31st.

Note: In order for your campership application to be considered you must provide a \$40 deposit per week with this application.

Have you paid \$40 DEPOSIT per week? YES NO Required Receipt # _____

Is it an individual payment? Is it included with unit payment?

PAYMENT TYPE

Cash Check # _____ Credit Card # _____

Expiration Date: _____ CVV: _____

Print Name: _____ Date: _____

Signature: _____

CUSTOMER SERVICE: If you have any questions, please call Camping Services at (212) 651-3073 or Email Camping Services at: Camping@bsa-gnyc.org. This is not for public notification. Form distributed on as needed basis.

Thank you for Camping at Greater New York Councils Camps. Providing you with an extraordinary outdoor adventure is our goal!

See reverse side for additional required information

Date submitted to GNYC Office with payment: