



The Junior Welfare League of Huntington

Camp Application

Please complete the application in its entirety and e-mail to glopal03@gmail.com or fax to (631) 421-7518.

FAMILY COMPOSITION (list family members):	Age	Gender

Name(s) children requesting camp:	Age	Gender

Address	
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PREFERRED CAMP PROGRAM	
Camp requested:	
Dates requested:	
Camp cost:	\$

PRESENTING PROBLEM	Please include approximate cost for camp attendance and reason applicant cannot meet this need.

Signature of referral source and title:	
Date:	
Referral's phone number:	
E-mail:	