VFW CAMP TROTTER SUMMER CAMP APPLICATION ALL CAMPERS WILL HAVE A HEALTH SCREENING AT CHECK I N PLEASE FILL OUT COMPLETLEY

1	Campers age at camp time: e): Adult: s M L XL2X YOUTH: S M L XL
Camper Name:	Birthdate:
Parent or Guardian:	
Address:Zip Code:_	PH.#(,)
Email:	
	2020Camping Sessions rts on Sunday and ends on Saturday*
Week 1•.July 5 -July 11	Week 4: July 26-August 1
Week 2: July 12July 18 Week 3: July 19 -July 25	Week 5: August 2-August 8
1 ST Week Choice:	
2 ND Week Choice:	

A complete packet will be mailed out once this form is turned in with the payment. If you list an email, then the packet will be emailed instead of being mailed. Please return the packet with the proper forms that are required BEFORE attending camp!

Mail this application with the $\underline{\$250.00}$ camper fee, Payable to VFW Camp Trotter, Earmark check "CAMPER FEE" to:

VFW Department of Michigan 924Washington Lansing, Michigan 48906

We accept credit card payment, call 517-485-9456 for more information.