

Complete this application and return it to the address at the right by **May 31, 2026**:



New London County 4-H Camp
Box 6002
Norwich, CT 06360

Or fax to: 860-887-1378
Or email to: nlc4hcamp@aol.com

**New London County 4-H Camp
2026 CAMBERSHIP APPLICATION**
860-886-7476 or 860-889-5266
(Information provided is held in confidence)

Camper's Name: _____
Age as of June 1, 2026: _____ Date of birth (month/day/year): ____ / ____ / ____
School Grade as of 8/2026: _____ Male: _____ Female: _____
Returning 4-H Camper?: Yes _____ No _____
Have you received a campership before?: Yes _____ No _____
Is the camper a member of a 4-H club in New London County?: Yes _____ club name _____ No _____
Mother's Name: _____ Occupation: _____ Military? No / Yes
Father's Name: _____ Occupation: _____ Military? No / Yes
Camper/Parent Address: _____
Camper/Parent Town/State/Zip Code: _____
Email: _____
Phone: Home: _____ Cell: _____ Work: _____
Total Family Income (required):\$ _____ Total Family Size: _____
Number and Ages of other children living at home: _____

Reason for requesting financial help for camp (required): (If more room is needed, use back of page or additional page)
*If you are a member of a New London County 4-H club, please submit a recommendation by your club leader.

Type of Campership Requested (select one): Clover Camp (age 6-8)-\$299 (6/18-20)
 General Camp (age 6-17)-\$689/wk (start Wk 1 6/21- end Wk 8 8/14) What week are you requesting (Wk 1-8)? _____
 Day Camp (age 7-17)-\$389/wk (start Wk 1 6/22- end Wk 8 (8/14) What week are you requesting (Wk 1-8)? _____
A) Total Camp Fee: \$ _____
B) Amount Family and Camper Can Pay: \$ _____
C) Amount of Campership Requested (A-B): \$ _____

You will be notified about your campership application on or after June 10, 2026 via email. A registration and medical forms along with payment will be required prior to the start of camp.

For Camp Committee Use: Receipt Date: _____ Review Date: _____
Campership Request: Approved: _____ Amount: \$ _____
Week of Camp: _____
Denied: _____ Reason: _____
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