

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



**New London County 4-H Camp  
2026 CAMPSHIP APPLICATION**  
860-886-7476 or 860-889-5266

(Information provided is held in confidence)

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

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

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 6 7/31) What week are you requesting (Wk 1-6)? \_\_\_\_\_  
☐ Day Camp (age 8-17)-\$389/wk (start Wk 1 6/22- end Wk 6 7/31) What week are you requesting (Wk 1-6)? \_\_\_\_\_

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: \_\_\_\_\_