

VFW CAMP TROTTER SUMMER CAMP APPLICATION

ALL CAMPERS WILL HAVE A HEALTH SCREENING AT CHECK IN

PLEASE FILL OUT COMPLETELY

Camper's Gender: Male or Female

Campers age at camp time: _____

Camper Shirt Size (Please Circle One): Adult: S M L XL 2X YOUTH: S M L XL

Camper Name: _____ Birthdate: _____

Parent or Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____ PH.# (_____) _____

Email: _____

Post/Aux. Contact Person and Post #: _____

Post/Aux. Contact Person PH # _____

2020 Camping Sessions

Camp starts on Sunday and ends on Saturday

Week 1: July 5-July 11

Week 2: July 12-July 18

Week 3: July 19-July 25

Week 4: July 26-August 1

Week 5: August 2-August 8

1ST Week Choice: _____ 2ND 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 \$250.00 camper fee, Payable to VFW Camp Trotter, Earmark check "CAMPER FEE" to:

VFW Department of Michigan
924 Washington
Lansing, Michigan 48906

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