

BCPWSA Summer Camp Form

Please note: Application for camp reimbursement must be in to the BCPWSA office 8 weeks prior to the BCPWSA child attending camp.

Date _____

Date Received at the BCPWSA office _____

I would like to apply for \$ _____ for my son/daughter (name)

_____ to attend _____ camp

from _____ 2009 to _____ 2009.

_____ I paid my 2009 BCPWSA membership by January 1st, 2009, and I am a member in good standing.

_____ I have included the receipt from camp and would like to be reimbursed.

_____ I would like the BCPWSA to forward the amount mentioned above to :

Camp _____

I understand I will be notified, within two weeks of the receipt of this request, as to what funds will be allocated to my child's camp request.

I also understand that making a false claim will ruin my standing with the BCPWSA.

Parent/guardian signature _____ Date _____ 2009

Address _____

Please mail application forms to: Catherine Nickerson 2129 Lillooet Cr. Kelowna, BC V1V 1W3