

# CROSS ROADS

## CAMP AND RETREAT CENTER

29 PLEASANT GROVE ROAD PORT MURRAY, NJ 07865 PH: 908.832.7264 FAX: 908.832.6593  
OFFICEMANAGER@CROSSROADSRETREAT.COM WWW.CROSSROADSRETREAT.COM

### CAMPERSHIPS FOR YOUTH AND FAMILIES *EASY AS A-B-C!*

#### A.

*Ask your minister* for church or community funds to assist sending your child or family to an outdoor ministry program. Often there are monies that exist for just this purpose...and they are often provided anonymously! Your minister is the *only* person that needs to know you even asked.

#### B.

*Begin to plan* how much you can provide toward the total cost of camp. For example, if you would like a campership, the remaining balance due may be divided by the number of months that will pass **BEFORE** you attend camp. You'll determine that you need to only save a portion due each month. Make your own special "camp bank" to save your money – have everyone in your family contribute to the cause! ***In order for Cross Roads to provide as many outdoor ministry experiences as possible for youth and families, you may apply for one campership per child annually.***

#### C.

*Complete the form* on the back of this sheet. Be sure to answer all sections and get your minister's signature that is required at the bottom of the campership request. His or her signature only signifies that you have indeed completed *Step A* above. Then, mail the form to us (along with a registration form, if you have not already done so). Once we have received all the completed paperwork, a determination will be made about campership dollars. You will be notified regarding your campership status.

#### D.

*Done you are!* See there.....easy as A-B-C!

# Cross Roads Campership Request Form

**Please return this form and complete registration online by June 1<sup>st</sup>.  
Campership Request, Cross Roads, 29 Pleasant Grove Road, Port Murray, NJ 07865**

To apply for financial aid, please complete this form and have your minister complete the church section. The form should then be returned to Cross Roads either by the parent or the church. Submitting an application does not guarantee that the funds will be awarded. You will be notified about the amount of campership given. *Note: The usual amount for a campership is 1/3 of the camp fee (\$158 in 2016). There are no other discounts available when utilizing a campership. Any campership given will be based on the cost of a regular camp week (\$475 in 2016). Any additional costs associated with specialty camps must be paid for by the camper.*

Name of person campership is for \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Program Name \_\_\_\_\_ Program Date \_\_\_\_\_

Have you applied for a campership at Cross Roads before? Yes \_\_\_ No \_\_\_

Total Camp Fee:	\$ _____
Amount the family will pay	\$ _____
Amount family's church will pay	\$ _____
Amount of campership requested	\$ _____

Please include information that will be helpful in consideration of this request (# of dependents, family income, special circumstances, etc.)

---

---

---

## **To be completed by Minister**

\_\_\_ The church's contribution will be \$ \_\_\_\_\_.  
\_\_\_ The church is not able to contribute to the camp fee.

Is there any additional information you feel would be helpful in reviewing this application?

Minister's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Church Name & Address \_\_\_\_\_

## **Social Service Agency or Group Sponsorship**

Organization Name \_\_\_\_\_ The organization is able to pay \$ \_\_\_\_\_.

Organization address/phone \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***For Camp Use:***

***Date Received*** \_\_\_\_\_ ***Reviewed*** \_\_\_\_\_ ***Amount*** \_\_\_\_\_ ***Camper notified*** \_\_\_\_\_