



5200 Old Mill Road Fort Wayne, IN 46807 260-456-0400

\_\_\_\_\_ Yes/ \_\_\_\_\_ No

2021 CAMF	) JOE L	EVINE A	APPLICA	ATION						
Camper's Name	<u> </u>				M	ale Female	_ Birth Date		Age at camp	
Address										
							Zip			
Parents' Contac	t Informa	tion:								
Name										
Name							(home)			
Email(s):										
Camp Joe T	-Shirt	include	<b>d</b> ! Mark	the size	below.					
CHILD: XS	S	M	L		ADULT: S_	M L	XL			
Week 1: July 5-9				9AM-4I	PM	\$150/Week	(			
AM Care:	5	6	7	8	9	(\$5/Day)				
						(\$5/Day)				
						** NO PM Care o	n Fridays			
Week 2: July 12-16				9AM-4I	PM	\$150/Week	C			
AM Care:	12	13	14	15_	16	(\$5/Day)				
PM Care:	12	13	14	15 _	**	(\$5/Day)				
						* NO PM Care o	n Fridays			
Week 3: July 19-23 9AM-4PN					PM	\$150/Week	(			
AM Care:	19	20	21	22	23	(\$5/Day)				
PM Care: 19 20 21 22 **  AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.										
Sub Total:										
Optional 5 x 7 Camp Picture:						\$3.00	0			
Sibling Discount:						- \$20.00	)			
Deposit:						- \$50.00	)			
Register by <u>Apr</u>	il 5 <sup>th</sup> to re	eceive an e	early regis	stration d	iscount.					
Early Registration	on Discou	ınt:				- 10%	•			
Total Fees for C	amper:									
Balance to be pa	aid in full	by June 15	5, 2021. T	hank you.						
			Nov	w availa	pie - pay oi	nline – www.fw	vjt.org			

**PLEASE NOTE:** We want all children to have an opportunity to attend camp. Limited assistance is available for campers.

I am interested in assistance for my child/ren.