



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

2022 CAMP JOE LEVINE APPLICATION

Camper's Name _____ Male ____ Female ____ Birth Date _____ Age at camp _____

Address _____

City _____ State _____ Zip _____

Parents' Contact Information:

Name _____ Phone # _____ (alternate) _____

Name _____ Phone # _____ (alternate) _____

Email(s): _____

Camp Joe T-Shirt included! Mark the size below.

CHILD: XS ____ S ____ M ____ L ____ **ADULT:** S ____ M ____ L ____ XL ____

Week 1: July 4-8 _____	9AM-4PM	\$150/Week	_____
AM Care: 4 ____ 5 ____ 6 ____ 7 ____ 8 ____		(\$5/Day)	_____
PM Care: 4 ____ 5 ____ 6 ____ 7 ____ **		(\$5/Day)	_____
AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.		** NO PM Care on Fridays	

Week 2: July 11-15 _____	9AM-4PM	\$150/Week	_____
AM Care: 11 ____ 12 ____ 13 ____ 14 ____ 15 ____		(\$5/Day)	_____
PM Care: 11 ____ 12 ____ 13 ____ 14 ____ **		(\$5/Day)	_____
AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.		** NO PM Care on Fridays	

Week 3: July 18-22 _____	9AM-4PM	\$150/Week	_____
AM Care: 18 ____ 19 ____ 20 ____ 21 ____ 22 ____		(\$5/Day)	_____
PM Care: 18 ____ 19 ____ 20 ____ 21 ____ **		(\$5/Day)	_____
AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.		** NO PM Care on Fridays	

Sub Total: _____

Optional 5 x 7 Camp Picture: \$3.00 _____

Sibling Discount (maximum per family): - \$20.00 _____

Deposit: - \$50.00 _____

Register by April 8th to receive an early registration discount.

Early Registration Discount: - 10% _____

Total Fees for Camper: _____

Balance to be paid in full by June 17, 2022. Thank you.

Now available - pay online – www.fwjf.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. _____ Yes/ _____ No