



2019 CAMP ARTABAN CAMPERSHIP APPLICATION FORM

1058 Ridgewood Drive, North Vancouver BC, V7R 1H8

Tel: 604-980-0391 E-mail: office@campartaban.com

APPLICANT

LAST NAME		FIRST NAME	
ADDRESS			
HOME PHONE		WORK PHONE	CELL / ALTERNATE PHONE NUMBER
E-MAIL ADDRESS		APPLICATION DATE:	

EMPLOYMENT INFORMATION

	Place of Employment	Work Phone	Hours per day	Days per week
Applicant				
Co-Applicant				

MONTHLY INCOME (In order to qualify for a Campership you must bring along your last Income Tax Return)

What is your household's total net <u>monthly</u> income (Take Home Pay)?	\$
---	----

CAMPER INFORMATION (List All Campers applying for a Campership)

1	Last Name	First Name
2	Last Name	First Name
3	Last Name	First Name
4	Last Name	First Name
5	Last Name	First Name
6	Last Name	First Name

All persons living in the household (Excluding applicant)

	LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	DEPENDENT		BIRTH DATE
				YES	NO	
1.						
2.						
3.						
4.						
5.						
6.						
7.						

