



# American Legion Guyer-Carignan Post 22

189 Mechanic Street, Lebanon, New Hampshire Phone: (603) 448-3429

Contact: Eric Morrill, Commander (603) 448-5029

## APPLICATION FOR CAMBERSHIP

YOUTH	
NAME:	DOB: MM / DD / YYYY
ADDRESS:	
YOUTH IS WILLING TO ATTEND A POST 22 MEETING TO REPORT ON CAMP EXPERIENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	

CAMP			
NAME:		OWNER:	
ADDRESS:			
DATES OF ATTENDANCE:		THROUGH	
	MM / DD / YYYY		MM / DD / YYYY
TOTAL COST TO ATTEND:	\$	REGISTRATION DEADLINE:	MM / DD / YYYY
EARLY REGISTRATION DISCOUNT:	\$	EARLY DISCOUNT DEADLINE:	MM / DD / YYYY
PARENT/GUARDIAN CONTRIBUTION:	\$		
REQUESTED CAMBERSHIP AMOUNT:	\$	ATTACH ADDITIONAL INFORMATION IF NECESSARY AND CHECK THIS BOX <input type="checkbox"/>	

POST MEETINGS ARE ON THE <u>FIRST THURSDAY</u> OF EACH MONTH. THE POST MEETING DATES PRIOR TO THESE EVENTS ARE:			
EARLY REGISTRATION DEADLINE:	MM / DD / YYYY	FINAL REGISTRATION DEADLINE:	MM / DD / YYYY
FIRST DAY OF CAMP:	MM / DD / YYYY	<b>AFTER</b> THE LAST DAY OF CAMP:	MM / DD / YYYY

PARENT/GUARDIAN 1:		PARENT/GUARDIAN 2:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
PHONE:	(H) (C)	PHONE:	(H) (C)
EMAIL:		EMAIL:	

YOUTH ORGANIZATION					
NAME:		UNIT:	JOINING DATE: MM / DD / YYYY		
YOUTH RANK:		PROGRESS TOWARDS RANK IS CURRENT: YES <input type="checkbox"/> NO <input type="checkbox"/>			
ORGANIZATION LEADER/CONTACT 1:			ORGANIZATION LEADER/CONTACT 2:		
NAME:			NAME:		
POSITION:			POSITION:		
ADDRESS:			ADDRESS:		
PHONE:	(H)	(C)	PHONE:	(H)	(C)
EMAIL:			EMAIL:		

**CERTIFICATION OF APPLICATION:**

I do believe that the application information furnished above is complete and accurate. I understand that Application for Campership in no way obligates American Legion Guyer-Carignan Post 22 to provide a campership and that all camperships are provided as-available, in limited amounts, in limited quantities, and on the basis of need, timeliness, and demonstrated achievement by the youth within the youth organization. Checks for awarded amounts will be made payable to the Camp directly or to the Youth Organization if the Camp cannot accept a separate check.

Agreed:

Parent/Guardian of Youth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 PRINTED NAME SIGNATURE DATE

Youth Organization Leader: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 PRINTED NAME SIGNATURE DATE

**HAND DELIVER COMPLETED FORM TO POST COMMANDER'S MAILBOX AT POST 22**

**CERTIFICATION OF COMPLETE APPLICATION:**

Post 22 Representative: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 PRINTED NAME SIGNATURE DATE

FOR POST 22 USE ONLY			
DATE RECEIVED:		RECEIVED BY:	
DATE TO BE PRESENTED TO EXECUTIVE BOARD:			
DATE OF DECISION:		AWARDED AMOUNT:	
ORGANIZATION LEADER NOTIFIED: WHO?		BY:	DATE:
PARENT/GUARDIAN NOTIFIED: WHO?		BY:	DATE: