



CAMP ALDERSGATE

1043 Snake Hill Road
North Scituate, RI 02857
Phone: (401) 568-4350
Fax: (401) 568-1840

CAMPERSHIP REQUEST FORM

We believe Aldersgate provides opportunities for personal and spiritual growth. While we hope no one is turned away because of inability to pay for camp, we need to ensure we are financially able to continue to offer camperships in the future. In order to fulfill all of these standards, we have established the following policy:

1. All camperships are granted through the application process. All applications must be submitted by May 1.
2. All families must pay the deposit for the camp selected.
3. Campers may only receive one campership per summer (one week of camp) and may only be applied to overnight programs.
4. Most congregations have a campership fund for those who attend camp. If you have a congregation, please contact your pastor to inquire how the congregation might provide a portion of your campership request.

Camper Name _____

Parent Name _____

Phone _____ Email _____

Second Parent Name _____

Phone _____ Email _____

Mailing Address/City/State _____

Congregation Name _____

Congregation City/State _____

Please continue on reverse.

