

Westview on the James

Camp Connection Application and Recommendation Form

Camper's Full Name _____ Age _____ Boy/Girl

Caregiver's Name _____

Address _____

City, State, Zip _____

Phone() _____ Email _____

Camper to complete the following: (If needed, use the back of this page)

Tell us why you want to come to camp: _____

To be completed by Pastor, Youth or Children's Leader, School Principal or Social Worker:

Name _____ Position/Title _____

Organization _____ Phone _____

Address _____

City, Zip _____ Email _____

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1. How well do you know the applicant?

2. How has the applicant earned this opportunity?

3. Does the applicant genuinely need financial assistance?

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Goochland, VA 23063

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www.westviewonthejames.org

Printed Name _____

Signature _____

Date _____

Thank you for participating in the Camp
Connection program.

