**MONSON LIONS CLUB**

**MASON’S THOMAS DAY SPRING LODGE**

**APPLICATION FOR 2023 CAMPERSHIP**

**CAMP JOSLIN FOR BOYS**

**CLARA BARTON CAMP FOR GIRLS**

**MONTHLY EXPENSES**

Rent/Mortgage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loans/Credit cards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent(s)**

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**Address of Parent(s)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Household Income** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Applicant must be between the ages of 6-16

\*Applicant must have insulin-dependent diabetes

\*Applicant must pass all requirements of Barton

Center for Diabetes Education and must also complete and pass the Barton application process.

(bartoncenter.org for that information)

\*We ask that the applicant submits a short essay in their own words telling us why they would like to attend this camp.

\*a one-week overnight camp experience costs $1,400. We ask that if child is accepted, parents deposit 10% (140.00) (if financially possible) as a show of good faith.

**QUESTIONS CALL 413-893-6401**

[**monsonlionsclub@gmail.com**](mailto:monsonlionsclub@gmail.com)

**www.monsonlionsclub.org**

Mail this application by Dec.31,2022

along with note from your child to:

**MONSON LIONS CLUB**

**PO BOX 142**

**MONSON, MA 01057**

**Name of Applicant**

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**Address of Applicant**

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**DOB**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age**\_\_\_\_\_\_\_\_\_\_\_

**Diabetes diagnosis**