



# PERSONAL PRICING PLAN – OVERNIGHT CAMP

Today's Date: \_\_\_\_\_

## APPLICANT INFORMATION

<b>Parent/Guardian Name (s):</b>		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly pmt or rent: \$	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Camper Name (s):</b>		

## FAMILY INFORMATION

PLEASE LIST BELOW ALL FAMILY MEMBERS THAT LIVE WITH YOU / # OF ADULTS IN HOUSEHOLD \_\_\_\_\_

Name	Birth date	Relationship to You	Gender
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female

## FINANCIAL INFORMATION

YMCA CAMPING REQUIRES THE FOLLOWING INCOME INFORMATION FROM ALL ADULT MEMBERS OF THE HOUSEHOLD. PLEASE INCLUDE THE INDICATED SOURCE AND ATTACH PROOF OF INCOME.

Income Source	Monthly \$ Amount	Expected Changes (If Any)	Proof of Income Attached (Include one of requested forms)
Wages, Tips, Other	\$		<input type="checkbox"/> 1040, W-2's, 2 Pay Stubs
Spousal Support / Child Support	\$		<input type="checkbox"/> Legal Documents / Check Copies
Disability / Social Security	\$		<input type="checkbox"/> SSI Documentation / 2 Pay Stubs
Unemployment	\$		<input type="checkbox"/> Unemployment Approval letter
Self Employment	\$		<input type="checkbox"/> 1040, 1099's
Other (Include County, Agency Income/Support)	\$		<input type="checkbox"/> Proof of other Income
<b>Total Monthly Income</b>	\$		<b>All Required Documents Attached</b>

## COUNTY / THIRD PARTY AGENCY ASSISTANCE

1. Have you applied for, or are currently receiving County Assistance? **Y / N**  
If yes, please list the specific County: \_\_\_\_\_ and Case # \_\_\_\_\_
2. Have you applied for, or are currently receiving assistance from another Agency? **Y / N**  
If yes, please list the specific Agency Name: \_\_\_\_\_ and Phone # \_\_\_\_\_

Personal Pricing Plan participants who default on payment schedule will forfeit participation in current and future programs or membership with the YMCA of Greater St. Paul and the YMCA of Metropolitan Minneapolis. Payments must be made on or before the due date. By signing below, I testify that the above provided information is accurate, truthful, and comprehensive. I understand and agree to all policies pertaining to this application and will follow specific overnight camp program policies.

<b>Signature of Applicant:</b>	<b>Date:</b>
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