

### **Club Kid or Summer Day Camper Application**

We are happy to be able to help as many children as we can have a GREAT start to the school year!

We are giving priority status to our Club kids, our Summer Day Campers, and their siblings.

Applications will be accepted on a first-come, first-serve basis as long as our resources allow by the date below.

If submitting for multiple children, please fill out a separate application for each child.

**This application MUST be received by our office by no later than**  
**Friday, August 14, 2020.**

We will let you know by Friday, August 21, 2020 if your child's application has been accepted.

You may submit the application via

**Email to [office@bgcorange.org](mailto:office@bgcorange.org)**

**Fax to (845) 342-8836**

**Mail to P.O. Box 14, Circleville, NY 10919**

**OR drop it off to our Clubhouse at 60 Creamery Road in Circleville, NY.**

*Please call our office at (845) 342-8833 with any questions.*

**Club Kid or Summer Day Camper Application**

PLEASE FILL OUT AN APPLICATION FOR EACH CHILD.

Child Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's School: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pick-Up times will be during the week of Aug 31st- Sept 2<sup>nd</sup> .**

**Specific locations and times will be verified with you  
when we call to confirm your application submission.**

I understand that my application does not guarantee my child will be able to participate in Backpacks for Hope and I further understand my application does not guarantee my child will receive specific supplies. I agree to give these items to my child, and will not attempt to re-sell these items.

\_\_\_\_\_  
Parent/Guardian Name (Please PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date