**SOS Campership Application**

*Please completely fill out the application, save the application to your device, and email it to* [*campfire@campfireiowa.org*](mailto:campfire@campfireiowa.org)*. Your application will be reviewed and you will be contacted within one week from the date it is received.*

**Date of Application:** Click here to enter text.

**Parent/Guardian Name:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Email Address:** Click here to enter text.

**How many working adults live in your household?** Click here to enter text.

**How many children or dependents are in your household?** Click here to enter text.

**Do you qualify under the current income guidelines to receive Free or Reduced lunches at school**? Click here to enter text.

**What are the names and grade levels of each of your children that will be attending SOS?** Click here to enter text.

**How many days per week will your child(ren) be attending?** Click here to enter text.

**How much are you able to pay per day for your child(ren) to attend SOS?** Click here to enter text.

**What would be your start date in the SOS program?** Click here to enter text.