



Camp Massasoit

If you are interested in applying for financial assistance, please fill out the following information and submit your request to campmassasoit@springfieldcollege.edu. If you have more than one child please submit a form for each child.

Child's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Has your child been to Camp Massasoit before: _____

Please check which session/s you hope to attend and what your ideal registration amount to be supported by Camp Massasoit would be:

DAY CAMP (Ages 5-13)	DATES	FEE(S)	SUPPORT REQUEST
Session 1	June 23 – July 3 (No camp on July 4)	\$575	_____
Session 2	July 7– July 18	\$600	_____
Session 3	July 21 – August 1	\$600	_____
Session 4	Aug. 4 – Aug. 15	\$600	_____
		TOTAL	_____

Please have your child write or share with you and you write a short paragraph explaining why they would like to be part of Camp Massasoit and what they hope to gain from this experience: