



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 29 – July 10 (No camp on July 3)	\$625	_____
Session 2	July 13– July 24	\$650	_____
Session 3	July 27 – August 7	\$650	_____
Session 4	Aug. 10 – Aug. 21	\$650	_____

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: