



# FINANCIAL ASSISTANCE

CATON'S ISLAND CAMP  
ENRICHING LIVES THROUGH LOVE

## PLEASE, DON'T LET FINANCES STOP YOU

At Caton's Island we desire to "...run a high quality Christian camping experience." We do our best to keep our camp prices at an affordable level, while keeping our facilities well maintained. Nevertheless, for some the fees are sometimes out of reach.

For this reason, caring people contribute to a special financial assistance fund. This enables us to offer financial assistance up to 50% because of either spiritual or financial need.

You may be unaware of this possibility. So, if you desire to experience God at the Island, but you do not have the means, please consider our financial assistance program.

## SOME REASONS WHY CAMPERS REQUEST FINANCIAL ASSISTANCE:

- Single parent family
- Three or more children attending camp
- Loss of employment
- Major unexpected expense creating financial hardship
- Major illness
- Low income

## HOW YOU CAN APPLY:

1. Register for a specific camp and pay deposit. [Click here to register now!](#)
2. Download and complete the application form.
3. Requests **MUST** arrive at the camp at least one month before the event.
4. Send to:

The Registrar  
Caton's Island Camp  
P O Box 408  
Brown's Flat, NB E5M 2S1

Or fax to: 506-468-2759

You will receive a confirmation in the mail from Caton's Island Camp indicating that financial assistance has been approved or disapproved.

## HOW YOU CAN HELP OTHERS:

If you would like to make a tax deductible donation to the financial assistance fund, please call the camp office at (506)468-6262 or email to: [campoffice@catonsisland.com](mailto:campoffice@catonsisland.com)



# FINANCIAL ASSISTANCE

CATON'S ISLAND CAMP  
ENRICHING LIVES THROUGH LOVE

**Please Print**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

Camp Name: \_\_\_\_\_ Dates: \_\_\_\_\_



Please explain specific reason(s) for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Total Cost For Camp: \$ \_\_\_\_\_

Amount of financial assistance needed (up to 50%): \_\_\_\_\_

Have you received financial assistance for camp previously?  Yes  No

If yes, what year: \_\_\_\_\_

What percentage: \_\_\_\_\_ %



If completed by a friend, please provide the following:

Your Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_



**Please send to:**

Camp Registrar, Caton's Island Camp, PO Box 408, Brown's Flat, NB E5M 2S1 or fax (506) 468-2759

<b>FOR OFFICE USE ONLY</b>
# Attending _____ Camp Cost \$ _____ Assistance Amount: \$ _____
Registration Confirmed By: _____ CIC #: _____