



The Arc of Greater Cleveland
1331 Euclid Avenue
Cleveland, OH 44115 216.622.0755 FAX 216.622.0752
e-mail cmr-clev@cmr-cleveland.org

APPLICATION FOR BEN M. BONANNO CAMBERSHIP

APPLICATION DEADLINE IS MARCH 31, 2009

- ➡ Form must be completed fully. **Be sure to complete both sides.**
- ➡ Use N/A for those questions which do not apply.
- ➡ Use one form for each camper; make additional copies as needed.
- ➡ Camper must be under 21 years old.
- ➡ Maximum amount of request per camper is \$500.

Camper's Name _____	
Address _____	
City _____	State _____ Zip _____
Birth date _____	Phone () _____
Name of Parent or Guardian _____	
Address _____	
City _____	State _____ Zip _____
Phone () _____	
Camper Is: CHILD FOSTER CHILD OTHER _____	
Name of Person Completing Application (if Different From Parent or Guardian)	
Name _____	Title _____
Organization _____	
Telephone () _____	Ext _____
Name of Camp Child Will Attend _____	
Address _____	
City _____	State _____ Zip _____
Phone () _____	Number of weeks attending: _____
Cost of camp \$ _____	Amount requested from The Arc GC \$ _____

