

CAMP RAMAPO REDUCED FEE APPLICATION

Indicate the income and the pay period (how often amount is received / weekly, monthly, etc) for each person listed.
Please provide your name and a phone number where you can be reached in case of questions.

List Names of <u>Everyone</u> In Household	Earnings from Work Before Deductions	Child Support Alimony, etc	Payments from Retirement/Pension	Other Income
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

Name of Person providing this information: _____

Phone Number during business hours: _____

