



Stevens Point Area YMCA – Camp Glacier Hollow  
1000 Division Street, Stevens Point, WI 54481 (715) 342-2980 ext. 308  
[pmatthai@spymca.org](mailto:pmatthai@spymca.org) [www.glacierhollow.com](http://www.glacierhollow.com) or [www.spymca.org](http://www.spymca.org)

## **SPONSORSHIP INFORMATION AND DESIGNATION**

Thank you for considering to sponsor a youth to a Stevens Point Area YMCA Camp Glacier Hollow program. Please fully complete the following form and return it along with your sponsorship amount to the Stevens Point Area YMCA.

### **SPONSOR INFORMATION**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Total Sponsorship Amount Enclosed: \$ \_\_\_\_\_

*\* Please see our specific brochures for camp/trip program types, fees and more information.*

### **SPONSORSHIP DESIGNATION**

#### **1. STEVENS POINT AREA YMCA CAMP GLACIER HOLLOW SCHOLARSHIP FUND**

One of the most beneficial ways for us to provide opportunities for youth is to enter sponsorship donations directly into our Summer Camping Scholarship Fund. Youth who are in need of financial assistance will apply to the YMCA directly. Will you combine your efforts with other supporters and sponsor the scholarship fund directly?

**YES**     **If yes, please skip to question 4.**  
**NO**     **If no, please continue.**

#### **2. SPECIFIC YOUTH SUPPORT**

If you have specific youth you would like to sponsor, please complete the blanks below. We must receive a completed registration form for these participants before May 15. After May 15 your sponsorship gift will be shifted to the Summer Camping Scholarship Fund.

**Participant Name #1:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Parent(s) Name:** \_\_\_\_\_

**Camp/Trip Program Name:** \_\_\_\_\_

**Sponsorship Amount \$** \_\_\_\_\_

**OVER**

**Participant Name #2:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Camp/Trip Program Name: \_\_\_\_\_

Sponsorship Amount \$ \_\_\_\_\_

**Participant Name #3:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Camp/Trip Program Name: \_\_\_\_\_

Sponsorship Amount \$ \_\_\_\_\_

### 3. GUIDED YOUTH SUPPORT

If you have a specific youth profile that you would like to sponsor, please indicate your sponsorship guidelines below. We will attempt to match your needs to scholarship applicants. If a match is not made by May 15, your sponsorship will be shifted to the Summer Camping Scholarship Fund.

We would like to sponsor \_\_\_\_\_ youth from \_\_\_\_\_ County/City.

We would like to sponsor \_\_\_\_\_ youth for \_\_\_\_\_ camp/trip session.

We would like to sponsor \_\_\_\_\_ youth under these guidelines \_\_\_\_\_

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### 4. THANK YOU FOR YOUR SUPPORT!

We appreciate your organization's sponsorship and would like to thank you publicly for your help in ensuring that youth are not denied a Camp experience do to financial reasons. Please indicate the newspaper that you would like us to send a thank you letter to at the end of summer.

Newspaper Name: \_\_\_\_\_

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

Please list us as a Sponsor on the Camp Glacier Hollow Website.

List your website if you would like a hyperlink: \_\_\_\_\_

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### OFFICE USE ONLY- Thank you

Date Deposit Paid: \_\_\_\_\_

Paid By: \_\_\_\_\_

Date Paid In Full: \_\_\_\_\_

Paid In Full By: \_\_\_\_\_