



Stevens Point Area YMCA – Camp Glacier Hollow
 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980
tpraeger@spymca.org www.glacierhollow.com or 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. We are a 501(c)3 Organization.

SPONSOR INFORMATION

Organization or Individual Name: _____

Contact Person: _____

Mailing Address: _____

Day Phone Number: _____ Evening Phone Number: _____

Email: _____ Fax: _____

Total Sponsorship Amount Enclosed: \$ _____ or

Charge My: Visa MasterCard Discover American Express Amount: \$ _____

Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Please see our brochure for camp/trip program types, fees and more information.

SPONSORSHIP DESIGNATION

1. STEVENS POINT AREA YMCA CAMP GLACIER HOLLOW TRUST FUND

One of the most beneficial ways for us to provide opportunities for youth is to enter scholarship donations directly into our Y Camp Trust 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 trust 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 a new participant or the Y Camp Trust 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 gift will be shifted to a new participant or the Y Camp Trust 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 _____

4. THANK YOU FOR YOUR SUPPORT!

We appreciate your 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 how you would like your name to appear on printed material: _____

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

List your website if you would like a hyperlink: _____

OFFICE USE ONLY- Thank you

Date Deposit Paid: _____

Date Paid In Full: _____

Paid By: _____

Paid In Full By: _____