

SUMMERFEST

An integrated camping experience for children with seizure disorders.
Sponsored by Epilepsy Ontario

2010 SPONSORSHIP REQUEST FORM

Application Date: _____

Name(s) of Parent/Guardian: _____

Mailing Address (Street, City, Province, Postal Code):

Phone Number (home): _____

Camper(s) Name: _____

Age and Date of Birth: _____

PLEASE NOTE:

To be eligible for sponsorship, you must complete this application **in full** (two pages) and return it to Epilepsy Ontario and you **MUST** be a current member of your local Epilepsy Ontario chapter.

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To be eligible for sponsorship, you must answer ALL questions and be a member in your Local Epilepsy Chapter

This is the information page that the Selection Committee will review. Please use a separate sheet for each child applying but indicate that the children are related.

- 1. What is the total of your monthly fixed expenses?
2. Do you or any of your children receive any financial assistance from the government?
3. What was your net family income (include any type of allowances) for 2009?
4. Do you have current membership at your local Epilepsy Chapter?

We are applying for assistance for the following session (total fee listed). Please rank:

- 1st Week - July 4 - July 10, 2010 = \$975.00
2nd Week - July 10 - July 16, 2010 = \$975.00
1 week camp fee = \$680.00
Both Weeks - July 4 - July 16, 2010 = \$1,299.00

Our family will be able to pay \$ (deposit + any mentoring fee is separate).

We would like Epilepsy Ontario to consider us for \$

Please briefly state your reasons for seeking sponsorship:

Any other comments?