

SUMMER CAMP PROGRAM

A percentage of the Benefit Fund's annual contributions from participating employers is devoted to funding the Summer Camp Program. This program is made available only to children of District 1199C members who are Wage Class I and who have been covered by the Benefit Fund for at least one year as of February 28, 2007. If you wish to apply for the Summer Camp Program for your child, fill out the form below. Please provide *ALL* information requested and carefully note the *deadline of March 15, 2007*, for receipt of your request.

The Summer Camp Program is for children aged 8 through 15 as of July 1, 2007. Only one child per family may attend camp under this program in any one year, although an exception may be made for twins. The child you are applying for must be enrolled under the Benefit Fund as your dependent, and you, as the member, must be Wage Class I and have been covered by the Benefit Fund for at least one year as of February 28, 2007.

Under the Summer Camp Program, children who are accepted for camp are sent to a camp which is accredited by the American Camping Association for a stay of two to three weeks in June, July or August.

After March 15, you will receive a letter regarding eligibility status, and, if eligible, you will be informed of the date(s) that camp interviews will be held, usually in the month of May. At the camp interviews, parents will have an opportunity to get information about the camp. Each child and parent will have a meeting with a camp representative. Attendance at the interview by both the member and the child is required under this program.

Since funding is limited, the Fund may not be able to accept all the children who apply. The member's seniority in the Benefit Fund will be a primary consideration in selection. If a child applies and attends a camp interview but is not selected in one year, s/he will be given special consideration in the following year. Repeat campers will only be considered after new, first-time campers.

SUMMER CAMP APPLICATION • 2007

Member's Name _____ SSN _____

Street Address _____ Home Phone _____

City _____ State _____ Zip+4 _____

Employed at _____ Date of hire _____

Job Title _____ Shift _____

Child's Name _____ SSN _____

Child's Date of Birth _____ Child's Age as of 7/1/2007 _____

Complete and return this form to the Benefit Fund, 1319 Locust St., Philadelphia, PA 19107-5405

This form must be received by the Benefit Fund postmarked not later than March 15, 2007. To assure proof of timely delivery, you may send the form by certified mail, return receipt requested, or you may call to verify that the Fund has received your form prior to the March 15 deadline. The Fund may be reached by phone at 215.735.5720 or 800.531.1199. Our fax number is 215-985-9232.