

Summer Dreams

The Camp Robin Hood Charitable Organization
Registration #1064104-56



REFERRAL FORM for Camper Application

Referral Form

To be filled out by a school, referral agency employee or spiritual professional (not to be filled out by parents, foster parents, or friends/relatives of the camper applicant).

Camper's Name _____ Gender M F

You have been asked to fill out this referral form on behalf of a child listed above who has sent an application to Summer Dreams. Summer Dreams is a charitable foundation that raises funds to assist underprivileged children in attending summer camps across Ontario. All forms must be returned by **March 15th**.

Please complete this form and mail it to:

**Summer Dreams Applications
65 Queen Street West, Suite 200
Toronto, Ontario M5H 2M5**

DO NOT RETURN THIS FORM TO THE PARENT OR GUARDIAN

Please note that the applicant's approval depends, in part, on the answers to the questions on this referral form. If you are having any difficulty answering the questions or need assistance in completing this form, please feel free to contact us at kids@summerdreams.ca or contact:

Kevin Klayman at (416) 363-3351

Before filling out this form, please consider the following:

1. The child is between 5 and 19 as of January of the camping year.
2. The child is from an economically disadvantaged home.
3. The child is truly able to appreciate the camp experience.

In your opinion, does this child meet our criteria as outlined above? Yes No

If you answered **YES**, please tell us how the child meets our criteria and what benefits you think the child will derive from summer camp by completing Page 2 of the Referral Form?

If you answered **NO**, please tell us why the child does not meet the criteria below.

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Camper Referral Information

How long and in what capacity have you known the child?

Considering our criteria, please describe what you know of the family's financial situation, e.g. single parent, unemployed.

(Please note that financial need is Summer Dreams' primary consideration when reviewing applications.)

Name of person completing this form

Position

Name of school or referral agency

Address

Work Phone Number

E-mail Address

Referral's Signature

Date
