

One Heartland Summer 2017 Program Fee

26001 Heinz Road, Willow River, MN 55795 Phone: 888.545.6658 Fax: 218.372.8010

Step 1 Please answer the following questions:

Print Parent/Guardian Name _____

How many people are in your household? _____ How many participants are coming to camp? _____

Step 2 Check the program(s) they are attending:

Minnesota

_____ Camp Heartland – MN – June 8 - 14 (ages 7-15, HIV/AIDS)

_____ Camp Heartland – MN – July 1 – 7 (ages 7-15, HIV/AIDS)

_____ Camp True Colors – MN – July 16- 21 (ages 13-18, LGBT)

_____ Camp 5210 – MN – June 17 - 21 (ages 7-17, trying to achieve a healthy lifestyle)

California

_____ Camp Hollywood HEART – CA – August 14 – 20 (ages 15-20, HIV/AIDS)

Step 3 Go to Household Size and choose the number of family members in your household and follow it across → until you find your maximum gross income

Step 4 Continue to follow your maximum gross income down ↓ to # of participants – you pay the fee in the box that represents how many participants you are sending to camp (\$500-\$1200 value for each participant/session)

	Household Income Level 1	Household Income Level 2	Household Income Level 3	Household Income Level 4	Household Income Level 5
Household Size	Maximum Gross \$ Per Year	Maximum Gross \$ Per Year	Maximum Gross \$ Per Year	Maximum Gross \$ Per Year	Maximum Gross \$ Per Year
1	0 – 15,447	15,448 – 18,518	18,519 - 21,589	21,590 – 24,661	24,662+
2	0 - 20,780	20,781 – 24,940	24,941 – 29,100	29,101 – 33,261	33,262+
3	0 – 26,113	26,114 – 31,362	31,363 – 36,612	36,612 – 41,861	41,862+
4	0 – 31,446	31,447 – 37,784	37,785 – 44,122	44,123 – 50,461	50,462+
5	0 - 36,779	36,780 - 44,206	44,207 – 51,633	51,634 – 59,061	59,061+
6	0 – 42,112	42,113 - 50,628	50,629 – 59,145	59,145 – 67,661	67,662+
7	0 – 47,112	47,446 – 57,050	57,051 – 66,655	66,656 – 76,261	76,262+
8	0 - 52,814	52,815 – 63,490	63,491 – 74,766	74,167 – 84,843	84,844+
Additional family members add:	5,148 each member	6,237 each member	7,511 each member	8,397 each member	9,504 each member
# of participants	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
1-2	\$25	\$50	\$100	\$200	\$300
3-4	\$40	\$75	\$160	\$280	\$360
5-6	\$60	\$105	\$220	\$400	\$420
7 +	\$75	\$140	\$290	\$550	\$630

I have enclosed my \$ _____ program fee with a copy of proof of gross family income (W-2, paycheck stub or proof of unemployment, etc.)

Check # _____ (made payable to One Heartland) **or** Please charge my credit card for: \$ _____

Please bill my: VISA MasterCard Discover American Express

Card # _____ Exp. Date _____ Security Code _____

Signature _____ Printed Name on card _____

Please note:

- All pre-registration forms **must** be accompanied with a program fee and proof of gross family income (W-2, paycheck stub or proof of unemployment, etc.) to be considered for summer 2017.
- If you need to pay in installments, you may include a portion of your fee with this form. Please indicate how you would like to pay for the rest of the fee. For example: \$10 per month. _____