



Children's Oncology Camping Association – International

Complete and submit with payment to:
Children's Oncology Camping Association – International
144 Anya Road, Corrales, NM 87048

Instructions for completing this Application

1. Complete the camp information section for your camp. If there are multiple locations, photocopy this page to enter information for additional camp locations.
2. Complete the primary contact information section for each camp location. The primary contact is the person COCA-I will contact regarding all camp matters. Each camp must have a primary contact, but the same person can be the primary contact for more than one camp.
3. To calculate your camp dues, go to Addendum I, follow the description to identify your dues.
4. Total your amount due.
5. Indicate your payment method.
6. Please sign and return your form with payment.

Camp Name: _____

Contact Person: _____ Title: _____

Year-Round Mailing Address: _____
Address City State ZIP Code

Phone Number: (____) _____ Fax: (____) _____

E-mail: _____ Website Address: _____

Address/Location of Camp: _____

Demographic Information About Camp:

Year camp was established: _____

Do you rent or own the facility? _____

Is your Program ACA Accredited? _____

Is your Site ACA Accredited? _____

Profile of Camp Programs offered (check all that apply):

Residential/Overnight:

- cancer patients siblings day camp family camp

Other: _____

Number (individual campers) served annually:

Oncology Campers _____

Sibling Campers _____

Other Programs _____

Number of camp weeks offered annually: _____

Staffing:

- Ttl Number: _____
- Volunteer staff _____
- Paid staff _____

Camper Age requirements: _____

Camp Activities and Programs Offered:

- | | |
|---|--|
| <input type="checkbox"/> Boating/Canoeing/Sailing | <input type="checkbox"/> Rock/Wall Climbing |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Riflery |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Rope Elements: <input type="checkbox"/> High <input type="checkbox"/> Low |

Other: (Please indicate any additional unique or standard activities or programs that you provide)

Cost per Camper:

Actual Cost per Camper (Residential/Overnight
Per Camper per day \$ _____

Provide camp at no cost to camper? Yes No

Offer partial scholarships? Yes No

Campers pay full cost Yes No

Day Camp
Per Camper per day \$ _____

Medical Staff Onsite? Indicate specific staff, qualifications, length of stay (eg, 24-hr coverage / 8-hr shifts / daytime only)

	Number at camp	Length of stay at camp
Physicians		
Nurses		
EMTs		
Other		

Billing Information:

Contact Person: _____ Title: _____

Mailing Address: _____
Address City State ZIP Code

Phone Number: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail Address: _____

Official Contact Information For COCA-I Directory:

Contact Person: _____ Title: _____

Mailing Address: _____
Address City State ZIP Code

Phone Number: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail Address: _____

Organization Website Address: _____

Membership Fee

Membership Tier (from Addendum I) _____

Membership Fee _____

Payment Method

- Check - Mail check with enclosed form
to Payable to COCA-I Tax ID #31-1530836)
Children's Oncology Camping Association, Intl
144 Anya Road
Corrales, NM 87048

- Credit Card – Please choose a secure method
 - ✓ Mail form with credit card number
 - ✓ Email form and call with credit card number. Please do not email a credit card number.
 - ✓ Call us directly at 505 717 6290 with a credit card to process over the phone

VISA

MasterCard

Discover

AmEx

Card #

Expiration Date

CVV Number

Billing Zip Code

Signature

COCA-I ANNUAL MEMBERSHIP FEE STRUCTURE

- **Member Organization**

For U.S. members the "organization" is defined by FEIN (Federal Employer Identification Number).

For Canadian Camps the "organization" is defined by the CRA (Canada Revenue Agency) charitable number. vs. the name of camp venue or program.

In some cases multiple camps will fall within the same organization. In other cases the camp and organization are the same entity

- **Organization Revenue/Camp Revenue**

An organization's revenue is defined as total annual revenue of the most recent completed fiscal year related to provision of children's oncology camping, family, and outreach services by your organization.

For most US members, this revenue number would be found on their 990, page 1, line 12.

For most Canadian members, this revenue number would be found on their T3010, page 8, line 4700

COCA-I MEMBERSHIP FEES			
Tier	Gross Receipts Greater Than	Gross Receipts Less Than	Membership Fee
1	\$0	\$100,000	\$290.00
2	\$100,001	\$250,000	\$380.00
3	\$250,001	\$500,000	\$470.00
4	\$500,001	\$750,000	\$560.00
5	\$750,001	\$1,000,000	\$650.00
6	\$1,000,001	\$2,500,000	\$740.00
7	\$2,500,001	\$5,000,000	\$830.00
8	\$5,000,000	\$10,000,000	\$920.00