

Camp Fee Support Form

(Hand in to the Church Office or Executive Pastor)

Name of Camper:

Name of Person Recommending Child:
(& Relationship to Child)

Contact Phone #:

Name, contact number, and email
of Parent or Guardian:

Name of Camp to Attend:

Date of Camp:

Total Cost of Camp:

Is this your first time attending camp? Y/N

Please tell us why you would like to attend camp and why support is necessary:
(Use space below or back of form if necessary)

***if this request is being made on behalf of a camper, the recommending person should explain why this child should attend camp.*

Date: _____

