CAMPERSHIP REQUEST

NAME OF APPLICANT (Child's Family Member)			
MAILING ADDRESS			
PHONE		**DATE**	
CHILD'S / CHILDREN'S NAME(S)			

I am requesting **50 percent** of the total fee (up to $200 each) for my child(ren) to attend Camp. Fee: $ Name of Camp:	
SIGNATURE	

Please choose one of the following options:

	Please make cheque payable to me. Attached is my receipt from The Camp for the full amount of the registration fee.

	Please make cheque payable to The Camp, and return cheque to me. Attached is a copy of my Camp registration form(s).

Note: Request deadline is May 30th.

FOR FIRST BAPIST CHURCH USE ONLY			
AMOUNT			
PAYMENT AUTHORIZED BY (Elder / Pastor)			
CHEQUE NUMBER		**DATE**	