WPC&RC Youth Summer Camp Group Payment Form

Church Name

Camper Name	Camp Attending	Total Due	Total Paid
_	1		l
Check Total	Check Num	ber	
Sianed		Date	

RETURN FORM WITH PAYMENT TO: Wabash Park Camp, 304 E County Rd 650 S, Clay City, IN 47841

^{*}Please photocopy and add additional form if more than 15 campers are being paid for with 1 check. Please use separate forms for each check number.