

WPC&RC Youth Summer Camp Group Payment Form

Church Name _____

Camper Name	Camp Attending	Total Due	Total Paid

Check Total _____ Check Number _____

Signed _____ Date _____

*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.

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