Summer Camp Group Payment Form

Church Name _____

Camper Name	Camp Attending	Total Due	Total Paid

Check Total $_____ Check Number _____

Contact Name _____

Contact Phone Number _____

Signed _____ Date _____

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

RETURN FORM WITH PAYMENT TO:
WPC&RC, 304 E. CR 650 S Clay City, IN 47841
Attention: Deana Hayes