

CHURCH LEADERS

Church Name _____ Church City _____

Coordinator _____ Coordinator Phone _____

Coordinator E-mail _____

Week Attending: 1 2 3

- Please list & paper clip volunteer applications to this form.
 - It is not necessary to list counselors, CITs, or PCAs. (They need to be included on the Counseling Group Reservation Form.)
 - Examples to include: Color Team Pastors, nurses, grandparents, rec team, etc.
- Camp Fees: Staff: \$100 each (including pastors & spouses)

Name	Position	Camp Fee	T-Shirt Cost (\$12)/Size	Pre-paid Spending Money	Total Paid
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
			/		\$
Total			#		\$

FOR OFFICE USE ONLY Amount Paid: \$ _____ Check # _____ Paid by: _____
 Balance Due: \$ _____ Date Paid: _____ Entered into spreadsheet Background check Copied for nurse for under 18
 If X'ed above, don't add forms to packet until they match