IMPACT Camp Payment Worksheet

CHURCH NAME _____

ADDRESS _____

CHURCH CONTACT NAME _____

CHURCH CONTACT PHONE NUMBER _____

CHURCH CONTACT EMAIL _____

Which Camp is this payment for? (*Please use separate forms & checks* *for each Camp session*)

o Kid's Camp o Middle School Camp o High School Camp

Make checks payable to: "GRAYS HARBOR FOURSQUARE"
Memo line - "IMPACT CAMP" + *which camp* (KIDS/MS/HS)

ATTENDEE FIRST NAME	ATTENDEE LAST NAME	M	F	PAYMENT AMOUNT

___ More attendees on another page (page ___ of ___)

MAIL TO:
IMPACT CAMP
% GRAYS HARBOR FOURSQUARE
4800 CENTRAL PARK DR
ABERDEEN, WA 98520

SUB TOTAL AMOUNT DUE _____

TOTAL AMOUNT ENCLOSED _____

CHECK NUMBER _____