

CAMPER FINANCIAL RESPONSIBILITY FORM

NAME _____

PARENTS / GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CONTACT PHONE NUMBERS 1. _____ 2. _____

CAMP ATTENDING _____

CAMP DATE _____

HOME CHURCH _____

PAYMENT RESOURCES

PERSONAL AMOUNT PAID _____ (Include all sources, i.e. parents, grandparents, etc.)

YOMC SCHOLARSHIP _____ (**Approved form must accompany camper when checking in**)

CHURCH AMOUNT PAID _____ (**Please provide a signature from Church personnel, i.e. Sr. Pastor or Youth Pastor below**)

PASTOR / YOUTH PASTOR / DESIGNATED CHURCH LEADER

SIGNATURE _____

DATE _____

OUR CHURCH DOES / DOES NOT (CIRCLE ONE) PAY FOR EXTRAS LIKE TANKING AND TSHIRTS

THIS FORM MUST ACCOMPANY EVERY CAMPER UPON ARRIVAL AT CAMP