

# 2017 OVER THE EDGE PRETEEN CAMP PAYMENT FORM

Church Name & City \_\_\_\_\_

July 29-August 2 / Over the Edge Preteen Camp 1

August 3-7 / Over the Edge Preteen Camp 2

*Complete this section if you are giving Pineywoods this information for the first time  
OR if any of the information has changed.*

Church Phone Number \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name (first & last) \_\_\_\_\_

Primary Phone Number \_\_\_\_\_  Cell  Home  Work

Alternate Phone Number \_\_\_\_\_  Cell  Home  Work

Fax \_\_\_\_\_ Email \_\_\_\_\_

ALL CORRESPONDENCE IS VIA EMAIL.

Will Contact Person attend camp?  Yes  No

If no above, provide information for the "designated adult contact" attending camp:

Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

ALL CORRESPONDENCE IS VIA EMAIL.

*Send only one church check per group payment. Make check payable to "OVER THE EDGE PRETEEN CAMP." We do not accept personal checks.*

Check payment installment(s):  1<sup>st</sup> Payment (Reservation)  2<sup>nd</sup> Payment  Balance

# of Students	
# of Sponsors (18 & older for children's camps)	
<b>Total # of Attendees</b>	
<b>Amount Enclosed</b>	<b>\$</b>