

2017 POWERPLUS CAMP PAYMENT FORM

Church Name & City _____

- | | |
|--|--|
| <input type="checkbox"/> June 25-28 / PowerPlus Preteen Camp 1 | <input type="checkbox"/> July 10-14 / PowerPlus Youth Camp 2 |
| <input type="checkbox"/> June 28-July 1 / PowerPlus Preteen Camp 2 | <input type="checkbox"/> July 17-21 / PowerPlus Youth Camp 3 |
| <input type="checkbox"/> July 3-7 / PowerPlus Youth Camp 1 | <input type="checkbox"/> July 24-28 / PowerPlus Youth Camp 4 |

*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 "Pineywoods Camp."
We do not accept personal checks.*

Check payment installment(s): 1st Payment (Reservation) 2nd Payment Balance

# of Students	
# of Sponsors (19 & older for youth camps / 18 & older for children's camps)	
Total # of Attendees	
Amount Enclosed	\$