BIBLE MEMORY CAMP

Church Payment Form

Please list each camper, grade and camp code separately with the amount the church is paying for each one. Thank you for your assistance.

Church Name _____ **Church ID Number**_____

Total amount paid by the church $_____ **Check #**_____ **Date**_____

MAKE CHECKS PAYABLE TO: **BIBLE MEMORY MINISTRIES**

MAIL TO: **PO BOX 823, GOSHEN, IN 46527**

CAMPER NAME	GRADE	CAMP CODE	AMT. PD

Copies can be made if you need more space to add campers