

Church Campership Voucher 2011

Please return to Crossways Camping Ministries with camper registration form.

Camper Name _____ Male / Female

Camper is already registered

Registration form is attached/enclosed

Address _____ City _____

State/Zip _____ Phone _____

Church _____ City _____

Camp you are attending _____ Date _____

Amount of Campership

Authorized Signature

Pastor/Treasurer _____

This amount will be taken off your total amount due. Please return this form to
Crossways Camping Ministries, 16 Tri-Park Way, Appleton, WI 54914. Thank you for your cooperation.

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