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