

Chalmers

Presbyterian Church

**MISSION COMMITTEE
CAMP KINTAIL 2015**

APPLICATION FOR ASSISTANCE



Name: _____

Phone: _____

Name of Child	Age	Camp Code	Camp Fee

I am able to pay 1/3 of camp fee _____ per child

Or \$ amount _____ per child

Transportation to camp required Yes No

Comments:

Please submit to the church office in an envelope marked "Mission Committee" by May 10, 2015.

Assistance will be given based on the number of applicants and the funding available.