CAMP REGISTRATION TALLY SHEET

CHURCH NAME:_____
PASTOR'S NAME:_____
CHURCH ADDRESS:_____
CONTACT PERSON:_____ **PHONE:**_____

Camper's Name	Total Due	Dep. Paid	Bal. Due	Adult M/F	6th-8th M/F	9th-12th M/F	1st-5th M/F	3ys-K M/F	0-2yrs M/F
TOTALS									

CHECK #:_____
Please send one Church check made out to Florida District

Adult Room double occupancy; please notate who will room together.