



Church Payment Authorization

If your church will be paying a portion of the tuition, this form must be completed, and a church representative must sign it. We must receive this completed form to authorize us to bill your church and for you to qualify for Express Check-in.

Church Name: _____

Camper Name: _____

Camp session camper is attending: _____

Amount church will pay: _____

Church Representative Name: _____

Position (Minister, Youth Minister, etc.): _____

Church Representative Signature

Date

Send your completed form by email, fax, or postal mail to:

info@campacc.com

(423) 743-3910 Fax

CampACC
512 Cross Circle
Unicoi, TN 37692