



CAMP REPRESENTATIVE INFO FORM 2017

CHURCH NAME: _____

CHURCH MAILING ADDRESS: _____

CHURCH PHONE NUMBER: _(_____)_____

CAMP REP FIRST AND LAST NAME: _____

CAMP REP EMAIL: _____

CAMP REP PHONE NUMBER: _(_____)_____

CAMP REPS ROLE IN THE CHURCH: _____

SUMMER BROCHURES: These brochures feature all four of our camps summer schedules.

YES, we'd love you to send us free brochures! We need **5** **10** **20** brochures.

NO, we aren't interested.

ADDITIONAL HELPER #1 NAME (OPTIONAL): _____

ADDITIONAL HELPER #1 EMAIL (OPTIONAL): _____

ADDITIONAL HELPER #2 NAME (OPTIONAL): _____

ADDITIONAL HELPER #2 EMAIL (OPTIONAL): _____

RETURN FORM BY TO:

Pam Murphy (*Director of Visual Outreach: PNW Camping Ministries*)

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