APPALACHIAN
CHRISTIAN CAMP

Church Payment Authorization

If your church will be paying a portion of the tuition, you must fill out this section, 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 fax, email, or postal mail to:

(423) 743-0390 Fax

info@campacc.com

CampACC
512 Cross Circle
Unicoi, TN 37692