



## 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](mailto:info@campacc.com)

(423) 743-3910 Fax

CampACC  
512 Cross Circle  
Unicoi, TN 37692