

Camp Niangua 2011

Church Information Form

To be completed for each church represented, whether or not the Pastor is attending
If you are sending anyone from your church, please complete and mail back by 5/15/11.

Name of Church: _____

Church Address: _____

Church Phone: _____ Fax: _____

Pastor: _____

First Name

Last Name

Wife: _____

First Name

Last Name

Home Phone: _____ Cell: _____

Home Address: _____

Email Address: _____

Total Number of Campers Attending: _____ **Total Volunteers:** _____

Who is the designated contact for Youth Camp business?

Pastor Pastor's Wife Other _____

Preferred method of communication: _____

_____ I **will be** personally attending Youth Camp the whole time.

_____ I **will not be** personally attending Youth Camp.

In my absence, I am appointing _____
to take full responsibility in my behalf.

_____ I will be attending some of the time. (Specify: _____)

I plan to stay on camp grounds in a: **Cabin/dorm room** **RV** **Offsite**

Pastor/Pastor's Wife Signature

Date

Diggins Apostolic Church

Camp Niangua Web Form

