

Camp MiVoden Campership 2024



Date _____

Camper Last Name _____ Camper First Name _____

Birthdate _____ Camp Preference _____

Parent Names _____ Marital Status _____

Mailing Address _____

City/State/Zip _____

Cell Phone _____

Email _____

Number of Family Members _____ Monthly Income _____

State Assistance/Social Security _____ Other _____

Anything else we should know _____

Family _____ Other _____

Sponsors: Church _____ Amount \$ _____

Authorized Pastor or Treasurer of Church Signature _____

Authorized Pastor or Treasurer of Church Printed Name _____

Date Approved by Church _____ (Three Way Scholarship \$193 -1/3 to each -Church/Camp/Family)

Office Use: Camp _____

Church Campership Amount Approved _____ Cost _____

Pastor Approval _____

Date Approved _____ Church Scholarship _____

Camp Campership Amount Approved _____ Camp Scholarship _____

Date Approved _____ Balance Due \$ _____

Please complete top portion of form and return to:
Camp MiVoden
3715 S Grove Road
Spokane, WA 99224
Email: denisek@uccsda.org or fax to (509) 242-1506.