

Camp MiVoden Campership 2026

CAMP
MIVODEN

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 \$200 -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.