

Camp MiVoden Campership 2022



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 \$142 -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.