2011 Youth Missions International Summer Sports Camp Application

1. Church Information

Church Name:_____

Address:_____

City:_____ State:_____ Zip:_____

2. Shipping Address (If different from above)

Address:_____

City:_____ State:_____ Zip:_____

3. Contact Information

Church Contact Person _____

Church Phone # _____ Fax # _____

Cell Phone # _____ Home Phone # _____

E-mail _____

4. Choose Your Camp Date

☐ **June 20-24** ☐ **July 4-8** ☐ **July 18-22** ☐ **Other**_____

☐ **June 27-July 1** ☐ **July 11-15** ☐ **July 25-29**

5. Choose Your Camp Time

☐ **9:00am-12:15pm** ☐ **5:00pm-8:15pm** ☐ **Other**_____

6. Camp Deposit

To secure the time and date of your camp, fax or mail this application to Youth Missions International, a $100.00 deposit is required within two weeks of the sent application to guarantee your time and date.

7. ☐We are interested in additional information about your 4-5 year old pre-school skills development camp that runs in conjunction with our regular sports camp.