

Presbytery of Susquehanna Valley

Presbytery Mission Center

12 Whitney Way, Bainbridge, NY 13733

Phone: 800-511-0086 Fax: 607-967-8018

2007 Summer Campership Application

Camper Name (Last, first, middle initial): _____

Address: _____

Phone: _____ **Parent/Guardian daytime phone:** _____

Current grade: _____ **Age at camp:** _____

Birthday (month/day/year): _____

Name of parent/guardian: _____

Signature of parent/guardian: _____

Name and mailing address of camp attending: _____

Program attending (i.e. Music, Sport): _____

Date of program: _____

Home church /town: _____

Pastor's (or Clerk of Session) signature: _____

CAMPERSHIPS WILL BE MAILED DIRECTLY TO CAMPS

You are responsible for any costs not covered by the campership

Christian Nurture Team authorization (for office use only):

Please return Presbytery Mission Center by mail or by fax