

**REQUEST FOR CAMPERSHIP
St. Andrew's By-the-Sea UMC**

Date: _____

Name of person requesting Campership:

Address: _____

Phone number: _____

Camp or Retreat you wish to attend:

Dates of Camp: _____

Total Cost of the Event: _____

Amount of Campership being requested: _____

Campership payment needed by: _____

Send Payment to: _____

Approval by Staff: _____ Date _____

Additional comments for special requests or considerations:

Amount of Check \$ _____ Check # _____ Sent Date _____