Trinity Camp Permission Form

Date Submitted:			
Name of Organization:			
Number of People:			
Contact Person:			
Address:			
Phone #:			
Camp Use Date:	(2012) Time:		
Fee for Camp Use:			
Please pay by check made	out to Trinity Lutheran Church, not	te account: Trinity Can	υţ
Special Conditions:			
Key must be picked-up before A \$10.00 key deposit will	ore 4:00 pm on be required upon pick-up, given b	at the church office.	
Key set number:		dek apon retain of ke	, ~
mission or church policies. the picnic shelter or main lo Common area such as the leveryone. Care and cleanli must take your trash with your group. Cleaning sup Please leave the camp in the	rities in our camp must not conflict. This reservation is only for certain odge are. It does not provide excludations, kitchen, beach, and make the came of the ca	n areas of the camp, e. usive use of the camp. ain grounds are open to using the camp. You p and clean-up after we trash pick-up service.	0
Chairperson, Jim Schreiber,	(989-615-0657 cell) or the church (office (989-631-0692)	
	CommitteeD	Pate: (2012)	
Church Office Conv. English Hoor /	Conv		