

**St. John's Women in Mission
Camp Reimbursement Application**



Check one:

Camp Omega _____ **Lutheran Island Camp** _____

Child's Name _____

Dates of Camp _____ Total Cost of Camp _____

Amount to be reimbursed _____ (WIM will pay half)

Parents Name _____

Mailing Address _____ Phone # _____

I understand that if for some reason my child does not attend camp, the money will be returned to St. John's Women in Mission.

Parent Signature

Deadline for Reimbursement Application is September 15th

Bottom portion to be returned to church after attending camp.

Child's Name _____ Age _____

Name of Camp _____ Dates of Camp _____

Tell us about your experiences, what you liked best, etc. Use the back of this sheet, if needed.

