

PLEASE USE THIS ENVELOPE WHEN SUBMITTING PAYMENT FOR CENTRIKID SUMMER CAMP 2025

CHILD'S NAME _____

GRADE (AS OF SPRING 2025) _____ **BIRTH DATE:** ____/____/____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PARENT NAMES _____

EMAIL ADDRESS _____

CELL PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

TODAY'S DATE _____

CHURCH REGULARLY ATTEND _____

AMOUNT ENCLOSED \$ _____

\$75 DEPOSIT DUE NOW, ADDITIONAL BALANCE DUE APRIL 20.

I NEED MORE INFO ABOUT FINANCIAL AID ☐

CHILD'S SHIRT SIZE: YS YM YL AS AM AL AXL

*(You may return this completed envelope with payment
to the church office or your Children's Minister.)*