



**2020 Camping Season  
Adult Fellowship Camp  
50+ Age Group  
August 17- 21, 2020**

Name \_\_\_\_\_ **How associated with church?**  
(Circle all that apply: WNL Sunday School Friends Member)

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Family Members: \_\_\_\_\_  
\_\_\_\_\_

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What is so special about Adult Fellowship Camp?

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

Put this form in the **Church Office Mailbox** or return to the **Church Office**