

Inland West Mission Center Camping Fund

Name: _____
Last First Middle Initial

Age: _____ Phone: _____

Email: _____

Address: _____

Number and Street

City State Zip Code

Congregation: _____ Pastor: _____

Parent/Guardian: _____

Last First Middle Initial

I believe this activity will benefit me by:

I agree to go back to _____ congregation and share my testimony of this experience!

 Applicant Date

 Parent/Guardian Date

Event: (Circle One)

Red Cliffe Kids Camp

Samish Island Reunion

Spectacular

Red Cliffe Reunion

Big Spruce Youth Camp

Other _____

Item	Amount
Activity Cost	\$ _____
Amount Provided by Applicant	\$ _____
Amount Provided by Congregation	\$ _____
Other source of Funds	\$ _____
Amount of Grant Requested	\$ _____

Send to
Inland West Mission Center
3940 Trickle Creek Blvd
Bellingham, WA 98226
Attention: Sandy Decker or by e-mail: sdecker@cofchrist-iwest.org