

Camp Coordinator Worksheet

Church: _____

Church Phone Nbr: _____

Coordinator: _____

Daytime Phone Nbr: _____

Email: _____

Lake Beauty Bible Camp

25766 Hummingbird Trail

Long Prairie, MN 56347

Ph: 800-732-1990 Fax: 320-732-6826

web: www.lbbc.com email: lbbc@lbbc.com

	New to Camp (X)	First Name	Last Name	Camp Attending	Camp Fee	Payment Source Amounts			
1	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
2	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
3	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
4	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
5	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
6	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
7	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
8	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
9	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____
#	_____	_____	_____	_____	\$ _____	Church Check #: _____	Church: \$ _____	Other: _____	Other: \$ _____

Totals: \$ _____

\$ _____

\$ _____