

Campership Application Form



Grand View United Methodist Church 3342 John Wesley Drive, Dubuque, IA 52002

To be considered for campership funds, please complete this form and return it to Grand View.

(Drop it off at the Church Office, Fax: 563-582-3556, Email: jacob@grandviewdubuque.org)

Applicant Information

Camper Name: _____

Parent/Guardian Na	nme:	
Phone:	Email:	
Ca	mp Information & Campership Requ	ıest
Event Name:		
Event Date(s):		
Total cost at Tier 1 p	pricing:	
Amount Camper will	ll pay:	
Amount Requested from GVUMC (Up to 1/2 of total cost):		
Comments / Conside	erations:	
Applicant Signature:	:	Date: