



2010 DELTA DISTRICT DCOM Scholarship Request Form

Camp Name: _____ Date of Camp: _____

Camper Name _____

Camper Address _____

City _____ State _____ Zip _____

Phone () _____ E-Mail _____

To be filled out by Local Church Pastor: PLEASE PRINT

Local Church _____ Date _____

Church Address _____

City _____ State _____ Zip _____

Phone () _____ E-Mail _____

Signature of Pastor or Youth Director _____

Signature of Parent/Guardian _____

(MUST FILL THIS PART OUT) Price you are paying for camp: \$ _____

****Return this form to Camp Registrar:**

**SHARI SANDOVAL
CA-NV ANNUAL CONFERENCE
PO BOX 980250
WEST SACRAMENTO, CA 95798-0250**

For More information call Shari Sandoval at 916-374-1528. Please duplicate this form as needed.