CAMP		Camp of the Cross Ministries
of the 		PO Box 1257
		Garrison, ND 58540
	CRUSS	701-337-2246
	Ministries	info@campofthecross.com
		www.campofthecross.com
	l Ca	mper Financial Assistance Application

To ensure that everyone can participate in the programs of CCM, financial assistance is available to those who may be experiencing a financial pinch. We are grateful to the individuals, organizations, and churches that make financial assistance possible.

Camp of the Cross Ministries asks that families seeking financial assistance pay a portion of the fee as they are able. We are very willing to work with families to set up a payment plan to ease the burden of paying a large amount at one time. Please complete the following:

Camper Name(s)			
Dates of camp(s)			
Parent or Guardian name(s)			
Address	City	State	Zip
Main Phone	Second phone		
Church attending	Pastor's name(s)		
** <i>We encourage you to conto</i> Amount you will pay	act your home church as some churches also o <u>j</u>	ffer financial a	ssistance.
Amount paid by your church			
Amount requested from Camp of th	e Cross Ministries		
Parent/Guardian signature			

