

Iowa Conference Campership Request Form 2022

Camper Information:

Camper's Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Church Information:

UCC Church Membership in IA: _____

Church Address: _____

Church Phone Number: _____

Church Email Address: _____

Pastor or Moderator's Name: _____

Pastor or Moderator's Email Address: _____

Camp Information:

Name of Church Camp in Iowa Attending: _____

Camp Address: _____

Camp Director or Contact's Name: _____

Camp Director or Contact's Email Address: _____

Dates Attending: _____

Signatures:

Camper's Signature: _____

Date: _____

Parent's Signature: _____
(if camper under 18 years of age)

Date: _____

Pastor/Moderator's Signature: _____

Date: _____

Please return completed form to via email to:
ACM Rev. Kendy Miller at kendy@ucctcm.org

OR

Via post to:
The Iowa Conference of the United Church of Christ
5609 Douglas Ave.
Des Moines, IA 50310