CAMP MARENGO
Ohio Ministries

CHURCH GRANTS

Name of Church _____

Street Address_____ City_____

State_____ Zip _____ Church Senior Pastor _____

Phone _____

For Camp Week
Please complete one sheet for each week of camp and mail it prior to the first day of that week. This will help us to better connect campers, scholarships, and follow up.

☐	**June 7-8**	**Family Camp (All Ages)**
☐	**June 9-15**	**Senior High Camp (Gr. 7-12)**
☐	**June 16-21**	**Middle School Camp (Gr. 6-8)**
☐	**June 23-28**	**Specialty Camps (Gr. 7-12)**
☐	**June 23-28**	**Intermediate Camp (Gr. 5-6)**
☐	**June 30-July 2**	**Elementary Camp Half Week (Gr. 1-2)**
☐	**June 30-July 5**	**Elementary Camp Full Week (Gr. 3-4)**

Camper Name	**Grant Amount**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Send release to:
Bethanne Martin
P O Box 177
3480 Township Road 221
Marengo OH 43334
(740) 747-2325
bethanne@campmarengo.com
www.campmarengo.com
2019 Camp Marengo Church Grants

For office use only:
☐ Received (date) _____
☐ Check # _____