



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.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> June 14-19 | Senior High Camp (Gr. 7-12) |
| <input type="checkbox"/> June 21-26 | Middle School Camp (Gr. 6-8) |
| <input type="checkbox"/> June 28-July 3 | Intermediate Camp (Gr. 5-6) |
| <input type="checkbox"/> July 5-7 | Elementary Camp Half Week (Gr. 1-2) |
| <input type="checkbox"/> June 5-10 | Elementary Camp Full Week (Gr. 3-4) |

Camper Name

Grant Amount

Send release to:
 COGO Camp
 P O Box 177
 Marengo OH 43334

 (740) 747-2325
 email: cogocamp@cogo.church
 website: cogo.church/camp

 2020 COGO Camp Church Grants

Total

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