

HEDDING CAMP MEETING ASSOCIATION  
 RELIGIOUS LIFE AND PERSONNEL COMMITTEE  
 APPLICATION FOR MISSION/SPONSORSHIP  
 heddingrlc@gmail.com

NAME:		DATE:	
AGE:		DENOMINATION:	
HOME ADDRESS:			
HEDDING ADDRESS:			
Amount Requested:		Total Amount to be Raised:	
ORGANIZATION NAME:			

MISSION STATEMENT OF ORGANIZATION, POSITION TO BE FILLED, TIME OF MISSION:

PERSONAL STATEMENT:

\_\_\_\_\_  
SIGNATURE

**PLEASE ATTACH/ SUBMIT THE PROGRAM ACCEPTANCE/APPLICATION WITH THIS FORM.**

CHECK SHOULD BE MADE PAYABLE TO:

\_\_\_\_\_  
DO NOT WRITE BELOW LINE. FOR RELIGIOUS LIFE COMMITTEE USE ONLY.

AMOUNT APPROVED:		DATE:	
CHECK#:		CHECK DATED:	

DO YOU WISH TO SUBMIT FORM TO THE RELIGIOUS LIFE COMMITTEE?