



Traveling Day Camp Ministry Program Reservation Request Form

Congregation.....

Address.....

City..... State..... Zip.....

Church Phone Number.....

Congregation Coordinator.....

Congregation Coordinator Phone..... [] cell [] work [] home

Best time of Day to call [] Morning [] Afternoon [] Evening

E-mail Address.....

Are you planning on having Omega staff run a PreK program? [] Yes [] No

2020 Day Camp Sessions

Session 1 June 7-12

Session 2 June 14-19

Session 3 June 21 - 26

Session 4 July 5 - 11

Session 5 July 12 - 17

Session 6 July 19 - 24

Session 7 July 26 – 31

Session 8 August 2 -7

Session 9 August 9 - 14

Number of Campers expected.....

First Choice Session:.....

Second Choice Session:.....

Please return with \$900.00 deposit to reserve week.

Camp Omega use only:

Date received:..... Check Amount:..... Check #:.....

Confirmation Letter sent:

Partnership Agreement Packet: