



# Camp Blue Haven Mission Aid Application

1020 Austin Ave.  
Brownwood, TX 76801

M McCoy (325) 998-0708  
Summer (505) 454-0100

[director@campbluehaven.com](mailto:director@campbluehaven.com)

[www.campbluehaven.com](http://www.campbluehaven.com)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**The Congregation you attend the most:** \_\_\_\_\_

**Name of a minister who knows you at above congregation:** \_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Experience working and/or camping at Blue Haven:** \_\_\_\_\_  
\_\_\_\_\_

**Describe the mission trip for which you are raising money (ie. destination(s), local missionary, work you will be doing, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dates of the trip:** \_\_\_\_\_

**Deadline for raising funds:** \_\_\_\_\_

**Name of leader(s) of this trip:** \_\_\_\_\_

**Leader's Phone:** \_\_\_\_\_ **What do you hope to accomplish on this trip?** \_\_\_\_\_  
\_\_\_\_\_

**Please give a detailed description of the cost of the trip (ie. plane ticket, food, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL AMT of trip:** \$ \_\_\_\_\_ **Total you have raised elsewhere:** \$ \_\_\_\_\_

**If we are able to help you financially, to whom should we make the check?** \_\_\_\_\_  
\_\_\_\_\_ **Address to mail the check?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_