

Camp Blue Haven Mission Aid Application

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Name: _____ Age: _____

Mailing Address: _____

Email: _____ Phone: _____

Name of 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 \$: _____

Name of Group & 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, to whom should we make the check?

Where should we mail the check? Name & Address:

