



New Life Lutheran Church

4380 Wakonda Drive Norwalk, IA 50211

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CAMP REIMBURSEMENT FORM

Name: _____

Address: _____

Email: _____

Phone: _____

Date of Camp Program: _____

Name of Program: _____

Date submitted for reimbursement: _____

New Life Lutheran Church desires to make attending camp a priority. In attending this week/event/program at camp, I understand that I will be reimbursed a portion of my cost after attending camp. I have made previous arrangements with Pastor Nate and understand that I will be reimbursed _____ toward the _____ (total cost) of camp.

Pastor's Signature: _____

