



PO Box 390
Wise, VA 24293
276.328.6876

To know Christ & to make Him known...

PAYMENTFORM

Camper Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Payment Information

Enclosed is my check/money order for \$_____ made payable to Camp Bethel.

OR

Please charge \$_____ to my Mastercard Visa

Card # _____ Exp. Date: _____

Name on card: _____

Signature: _____ Date: _____

Please mail completed form with deposit to: **Camp Bethel • P.O. Box 390 • Wise, VA 24293**