Angel Tree Camping Report Form 2019 for Scholarship Payment



Please complete the entire section below and submit to angeltreecamping@pfm.org.

71 gariization 1 varie		Date:	
	Camp Name:		
Organization Contact Name:		Phone/Email:	
Camp Date(s):			
Provide the accurate number b	alow as applicable:		
	Total Day Camp AT Campers: _	AT Campers made de	acisions for Christ:
	Number of Camp Volunteers:		
Number of Campers Submitted for S	·	Number of Camp Sta	
•	imately):% of overall camp	ers at the Camp.	
_			
Organization Representation			
hat the Angel Tree staff will audit this	tion submitted above is an accurate reflect Report information for accuracy and will formation and the quality of the Camp.		
ignature Organization Contact:		Date:	
	To Be Completed by Ang	el Tree Staff	
Organization Name:			Invoice Date:
Dept.: Angel Tree Camping®	Cost Center: 5060		
	Approved (2)		
Overnight Scholarships Day Camp Scholarship			
Overnight Scholarships			
Day Camp Scholarships			
Day carrip scrioiarsrips	, tpp10ved (w		
	•		
NI .	Total Invoice:		
	Total Invoice:	o Caregivers	
Preparation: Calls Need	Summary of calls made to led to Be Made Calls Ac	Caregivers tually Made	
Preparation: Calls Need	Summary of calls made to Be Made Calls AcPositive Experience Negative	Caregivers tually Made	
Preparation: Calls Need Call Result Summary: F	Summary of calls made to led to Be Made Calls Accositive Experience Negative Results	Caregivers tually Made e Experience Campe	
Preparation: Calls Need Call Result Summary: F PF Staff Making Calls:	Summary of calls made to led to Be Made Calls Accositive Experience Negative Results Reviewed and Approved for	Caregivers tually Made e Experience Campe Finance to Process Payment	
Preparation: Calls Need Call Result Summary: F	Summary of calls made to led to Be Made Calls Accositive Experience Negative Results	Caregivers tually Made e Experience Campe Finance to Process Payment	
Preparation: Calls Need Call Result Summary: F PF Staff Making Calls: Completed by:	Summary of calls made to led to Be Made Calls Account of the control of the	Caregivers tually Made e Experience Campe Finance to Process Payment	rs Did Not Attend
Preparation: Calls Need Call Result Summary: F PF Staff Making Calls: Completed by: Signature:	Summary of calls made to led to Be Made Negative Experience Negative Results Reviewed and Approved for	Caregivers tually Made e Experience Campe Finance to Process Payment Date:	rs Did Not Attend
Preparation: Calls Need Call Result Summary: F PF Staff Making Calls: Completed by: Signature: Reviewed and Not Approved for	Summary of calls made to led to Be Made Calls Account of the control of the	co Caregivers tually Made e Experience Campe Finance to Process Payment Date:	rs Did Not Attend