

OHIO VALLEY CHRISTIAN CAMP

CAMP WEEK REPORT

Camp Week: _____ Date: _____ Dean: _____

No. Campers: Boys _____, Girls _____ . No. Staff: Adults fulltime _____, Part-time _____ ;

Teens _____. Decisions announced: Confessions of Faith: _____ , Rededications: _____ ,

Baptisms: _____ , Other: _____ .

Program notes, Theme, Topics, Emphasis, etc: _____

Camper(s) of the Week: _____

Mission Name: _____

Missions Offering: \$_____ Special notes: _____

Extra Food Expenses: \$_____ Swimming/Program Expenses: \$_____

Misc. Expenses: \$_____ (Explain, & enclose receipts): _____

Note any accidents, health or disciplinary problems, mechanical or other problems. Attach a list of Campers' names and addresses (or return the registration forms). Class outlines are also welcome, if they might be of value to others.

(Complete the following if the OVCC Treasurer wasn't present to handle Registration):

Cash Box: Beginning Balance: \$_____ Ending Balance: \$_____ Registration Money received: \$_____ (Explain circumstances for any camper who did not pay the normal fee: such as Camper of the week from last year, church will pay, paid prior to camp, etc.):

Return report to OVCC Treasurer, Julie Johnson.