

2017 Camp Insurance and Cash Form

Date or Dates: _____ **Cost per camper:** _____

County or District: _____ Camp Location: _____
Contact Person: _____
Address _____ CITY _____ ZIP _____
PHONE # _____ Signature _____

<u>Duration of Camp</u>	<u>Cost</u>
1 day	\$17.75
Overnight	\$30 per day
5 days	\$250.00
Total Insurance \$ _____	

Method of Payment:

_____ Check enclosed in the amount of \$ _____
_____ Charge County (allocations) \$ _____
_____ Charge District (allocations) \$ _____

Amount of Cash _____
Amount of Checks _____
Total _____
Less Cash Out: _____
Deposit Total: _____

List money out reasons (example: swimming or other fees or supplies)

Summer Staff Signature x 2

State Education Director Signature

Accounting Signature

Signature assures that you are witnessing the money at all stages of the process.
Each camp must have two signatures and have been counted twice.
Each camp must have its own form. Every night cash box emptied and receipts attached to this form.
Money out reasons must be noted and approved by Education Director.