



WINTER WEEKENDS 2011
Coordinator Checklist

Church _____

Day Phone _____

Coordinator Name _____ E-Mail _____ Evening Phone _____

Weekend: Boys March 4-6 Girls March 11-13 **Use a different form for each weekend.**

NAME	Verify form	DCF	Camper (C) Leader (L) Helper (H) Parent (P) Circle one for each person				Division Circle one for each person					Payment #1		Payment #2	
			C	L	H	P	VOY	PF	TB	CH	EX	Amt	Type	Amt	Type
1			C	L	H	P	VOY	PF	TB	CH	EX				
2			C	L	H	P	VOY	PF	TB	CH	EX				
3			C	L	H	P	VOY	PF	TB	CH	EX				
4			C	L	H	P	VOY	PF	TB	CH	EX				
5			C	L	H	P	VOY	PF	TB	CH	EX				
6			C	L	H	P	VOY	PF	TB	CH	EX				
7			C	L	H	P	VOY	PF	TB	CH	EX				
8			C	L	H	P	VOY	PF	TB	CH	EX				
9			C	L	H	P	VOY	PF	TB	CH	EX				
10			C	L	H	P	VOY	PF	TB	CH	EX				
11			C	L	H	P	VOY	PF	TB	CH	EX				
12			C	L	H	P	VOY	PF	TB	CH	EX				
13			C	L	H	P	VOY	PF	TB	CH	EX				
14			C	L	H	P	VOY	PF	TB	CH	EX				
15			C	L	H	P	VOY	PF	TB	CH	EX				

- **For Payments:** Amount: enter amount of each payment. Type: Use ✓ if payment is by a check, MO if you are sending a money order. Please do not send cash.
- **Scholarship:** Please mark if the funds are scholarship money. Place an S in Type. Any scholarship checks must have a list attached with the names of campers being paid for and the amount for each camper.
- The DCF "Affidavit of Good Moral Character" needs to be filled out, and notarized. (2011)