

**Pastor Reference Form**



Name of Church \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Camp: \_\_\_\_\_ (month/day) to \_\_\_\_\_ (month/day), \_\_\_\_\_ (year)

<b>Full Legal Name of Sponsor/Counselor (First, Middle, Last)</b> • <i>If more than 20 sponsors, attach additional pages.</i>	<b>Preferred Name</b> (person goes by this name)
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*This certifies that I know and vouch for the above named individuals who will come with our church as sponsors to Camp Copass. These persons are trustworthy and of good moral character. I understand that our church is legally responsible for the selection of sponsors, for submitting the required background check reports, and for their actions at Camp Copass.*

\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Date