



PAYMENT FORM

(Please include with payment. Do not staple.)



Church/Organization: _____

Katrina Relief Site (check one): Castle Rock Community Church Trinity Church

Trip Dates (arriving/departing): _____ / _____

Team Leader: _____ Phone: _____ Email: _____

DEPOSIT: _____ people x \$20 = **Total Enclosed** \$_____

TEAM FEES: _____ people x \$150 = **Total Trip Fees of** \$_____