



PLEASE SEND TO:
EFCA CRISIS RESPONSE
19380 N. 10TH STREET
COVINGTON, LA 70433

GREENSURG, KS RESPONSE DEPOSIT

PAYMENT FORM

(Please include with payment. Do not staple.)

Church/Organization: _____

Trip Type (check one): Single Workday Weekend (Thurs. - Sun.) Week (Sat. or Sun. - Sat.)

Trip Dates (arriving/departing): _____/_____

Team Leader: _____ Phone: _____ Email: _____

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

PLEASE SEND TO:
EFCA CRISIS RESPONSE
19380 N. 10TH STREET
COVINGTON, LA 70433

GREENSBURG, KS RESPONSE TEAM BALANCE PAYMENT PAYMENT FORM

(Please include with payment. Do not staple.)

Church/Organization: _____

Trip Type (check one): Single Workday Weekend (Thurs. - Sun.) Week (Sat. or Sun. - Sat.)

Trip Dates (arriving/departing): _____/_____

Team Leader: _____ Phone: _____ Email: _____

BALANCE PAYMENT:

Single workday: _____ people x \$0 (\$20 if deposit not previously paid) = \$ _____

Weekend: _____ people x \$75 (\$95 if deposit not previously paid) = \$ _____

Week: _____ people x \$160 (\$180 if deposit not previously paid) = \$ _____

Total Enclosed = \$ _____
