

Stories From Camp

If you have heard or been a part of a life changing story while attending a United Methodist camp, conference or retreat, would you please take the time to complete the following information? A volunteer writer will contact the key person, transcribe the story and get permission to use the story to promote United Methodist camping, conferencing, and retreating in Minnesota. You will receive a copy of the completed story.

Your Name: _____
Address _____
City, State, Zip _____
E-mail _____
Work Phone _____ Home Phone _____

Please summarize the message of the story

Briefly describe the location or setting of the story

Key person to contact

Name (if it is you write "same as above") _____
Approximate age: ___ Adult ___ Youth ___ Child
Address _____
City, State, Zip _____
E-mail _____
Work Phone _____ Home Phone _____

Other comments for the writer (use back side of form if needed):