Event Director _____

Address _____

E-mail Address _____

Camp # _____ Site _____

NON-PROFIT RECORD REQUEST

Mail to:

Ann Buck, APT
PO Box 6247
Grand Rapids, MI 49516-6247
Fax: 616-459-0191

PLEASE TYPE OR PRINT
IF UNABLE TO READ HANDWRITTEN REQUEST, DOCUMENTS WILL BE RETURNED.

LAST NAME	FIRST NAME	MI	D.O.B.	RACE	SEX	PREVIOUS USED NAMES

Agency Name	WEST MICHIGAN CONFERENCE UNITED METHODIST CHURCH
Contact Person	IRIS NAOMI GARCIA
Return Address	11 FULLER AVE SE PO BOX 6247
City, State, Zip	GRAND RAPIDS MI 49516-6247
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