

Team Trip Payment Form

Team Coordinator: _____ Trip Code # _____ Check # _____ Date: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Team Member Name: _____ Amount\$: _____

Please make checks payable to: **Fischer Family Ministries Inc.**

Send your check and this form to:

Fischer Family Ministries

P.O. Box 3817

Broken Arrow, OK 74013