



# LETTER OF RECOMMENDATION FOR ADULT SPONSORS

Church: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following adults will attend camp with the above stated church group.

Camp Date \_\_\_\_\_ through \_\_\_\_\_ Camp Name \_\_\_\_\_

List <u>ALL</u> adult campers 18 years old or older attending camp with your group.		<b>STATE REQUIRED DOCUMENTATION</b> HLCCC requires a copy of each		
NAME OF ADULT	DATE OF BIRTH	SEX OFFENDER BACKGROUND CHECK WITHIN 1 YEAR	CRIMINAL HISTORY BACKGROUND CHECK WITHIN 1 YEAR	TRAINING CERTIFICATION WITHIN 2 YEARS
1.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
2.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
3.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
4.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
5.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
6.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
7.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
8.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
9.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___
10.	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___	<input type="checkbox"/> _/_/_/___

**FORM MUST BE SIGNED BY THE PASTOR, MINISTER, OR CHURCH LEADER ON STAFF. NOT THE GROUP LEADER.**

The above named individuals are known to me, and I can attest to the character, integrity and ability of each adult. I know of no reason why any should not be allowed around children or youth under the age of (18) eighteen. I also attest to the fact that each of these adults has undergone a current background check as mandated by the State of Texas and has successfully completed the required Child Protection Training. I recommend them to you as persons who will represent our church or organization.

\_\_\_\_\_  
Signature: Church Representative / Position

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date