

Payment Control Sheet

Fill out this form and mail it with each check payment to

FLY Beyond | 3110 E. Medicine Lake Blvd | Plymouth, MN 55441

Church Name		List ch	eck info: ie	<u>#1234</u>	Total: <u>\$450</u>
Church City & State		List each cheo	ck included	#	Total:
Leader Name & Email				#	Total:
				#	Total:
Attendees Name	Registration Status Student (S) Adult (A) Leader (L) Child (C)	Funds Included (Included in Total Above)	Check N (Listed A		
(Example 1) Joe Lutheran	S A L C	\$150	#1234		
(Example 2) Tom Lutheran	□ S □ A 🗹 L □ C	\$150	#1234		
(Example 3) Jane Lutheran	S A L C	\$150	#12	34	
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