

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 Church City & State Leader Name & Email		List check info: ie List each check included		#1234 # #	Total: <u>\$450</u> Total: Total:						
										#	Total:
						Attendees Name	Registration Status Student (S) Adult (A) DRL/Staff (DS) Child (C	Funds Included (Included in Total Above)	Check (Listed)		
(Example 1) Joe Lutheran	✓ S ☐ A ☐ DS ☐ C	\$150	#12	234							
(Example 2) Tom Lutheran	□ S □ A ✓ DS □ C	\$150	#12	234							
(Example 3) Jane Lutheran	✓S A DS C	\$150	#12	234							
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