



Payment Control Sheet

FLY 2019 | 3110 East Medicine Lake Blvd | Plymouth, MN 55441

CIRCLE ONE FORM OF PAYMENT: **Check*** **Credit Card****

If "Check", List Info: **ie: #1234** **Total: \$429**

_____ **Total: _____**

_____ **Total: _____**

If "Credit Card", List Email for Link _____

Total amount requested: _____

Church Name: _____

Church City and State: _____

FLY Leader/Youth Leader Name: _____

FLY Leader/Youth Leader: Please submit this sheet with each payment correspondence with FLY.

Attendee's Name	Gender M F	Registration Status						Funds Applied	Check # (Listed Above with Amount) OR "CC" for Credit Card	Special Instructions (From the FLY Leader/Youth Leader)
		S	A	C	DRL	STF				
ie. Joe Lutheran	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF	\$100	#1234 (\$429)		
ie. Joshua Lutheran	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF	\$100	#1234 (\$429)		
ie. Jonathan Lutheran	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input checked="" type="checkbox"/> DRL	<input type="checkbox"/> STF	\$229	#1234 (\$429)	Deposit done online. Balance here.	
1.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
2.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
3.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
4.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
5.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
6.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
7.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
8.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
9.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
10.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
11.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				
12.	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> A	<input type="checkbox"/> C	<input type="checkbox"/> DRL	<input type="checkbox"/> STF				

***Check instructions**— Complete the sheet and mail it with the check(s) for the total listed to the address given at the top of this sheet.

**** Credit Card Steps**— Complete this sheet including line for email address above. Attach completed sheet in an email to chrisr@afic.org. You will receive a link which will direct you to our payment processor for the total amount requested in 2-3 business days. (One request per sheet)

When More Than 1 Payment Control Sheet Submitted: Page _____