



# Payment Control Sheet

FLY 2023 | 3110 East Medicine Lake Blvd | Plymouth, MN 55441

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

If "Check", List Info: **ie: #1234** **Total: \$699**

# \_\_\_\_\_ **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	Registration Status						Funds Applied	Check # (Listed Above with Amount) <b>OR "CC" for Credit Card</b>	Special Instructions (From the FLY Leader/Youth Leader)
		Student (S)	Adult (A)	Child (C)	Dorm Room Leader (DRL)	Staff (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	\$150	#1234 (\$799)		
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	\$150	#1234 (\$799)		
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	\$399	#1234 (\$799)		
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](mailto: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 \_\_\_\_\_**