



**CONFLICT OF INTEREST
ACKNOWLEDGEMENT AND DISCLOSURE**

I, the undersigned, acknowledge that I have received a copy of the United Church Camps Inc. Conflict of Interest Policy (the "Policy"), that I have read and review the same, that I understand the terms and provisions of that Policy, that I will promptly disclose any conflict of interest or potential conflict which may hereafter arise in accordance with that Policy, and that as of the dates hereof I have no conflict of interest other than as disclosed below:

Signed _____ day of _____, 20__

Signature

Print Name

Please return this form to Marion Wiese, UCCI Director of Finance / Administration, W1010 Spring Grove Road, Ripon WI 54971