

CHURCH GROUP REGISTRATION FORM—WINTER WOW AT PINEBROOK 2024

Please complete ALL of the following information and return with your initial registrations.

Youth Group Name: _____

Contact Person: _____

Contact Person's Address: _____

Street Address

City

State

Zip Code

Contact Person's Phone Number: Home: () _____ Cell: () _____

Email Address: _____

Youth Leader: _____

Youth Leader's Phone Number: Home: () _____ Cell: () _____

Email Address: _____

Number of Girls _____

Number of Boys _____

Number of Female Leaders _____

Number of Male Leaders _____

Number of Registrations and Age Group: _____ Middle School (6-8)

_____ Sr. High (9-12)

_____ College

_____ Adult Youth Leaders

_____ Other Adults

_____ **TOTAL**

Amount of Checks \$ _____

Amount of Cash \$ _____

Total Sent \$ _____

FOR REGISTRAR'S USE ONLY

Number of Registrations Received _____ Amount Owed \$ _____

Number of Medical/Legal Release Forms Received _____ Amount Paid \$ _____

Date Registrations Were Received _____ Balance Due \$ _____

Date Confirmation Packet Was Sent _____