

# Group Registration Form

Church: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Total Number of students attending: \_\_\_\_\_

Middle School

High School

Boys \_\_\_\_\_ Girls \_\_\_\_\_

Boys \_\_\_\_\_ Girls \_\_\_\_\_

Total Number of Counselors: \_\_\_\_\_

(You must send 1 counselor for every 6 students you send to camp. They must serve during the same week of camp as the students you send, i.e. if you send seven students to middle and high school camp the counselor you send must attend middle or high school camp, not primary or pre-teen)

Counselor Names: (Enclose Applications!)

Number of counselor children attending

_____	_____
_____	_____
_____	_____
_____	_____

Number of Regular Paying student registrations (\$265.00) \_\_\_\_\_

Number of Discounted Counselor's Kids registrations (\$225.00) \_\_\_\_\_

Amount of deposit enclosed (minimum of \$50.00 per student) \_\_\_\_\_

