



## **Registration Return Form**

Mailing Address: P.O. Box 25, Atlanta, TX 75551

CHURCH NAME: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

CHURCH PHONE NUMBER: \_\_\_\_\_

CONTACT NAME AND NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

TOTAL NUMBER OF STUDENT CAMPERS: \_\_\_\_\_

TOTAL NUMBER OF ADULT LEADERS: \_\_\_\_\_

TOTAL NUMBER OF YOUTH PASTORS: \_\_\_\_\_

GRAND TOTAL OF ATTENDEES: \_\_\_\_\_

WE PROVIDE TSHIRTS FOR ALL ATTENDEES.

PLEASE INCLUDE THEIR NAMES & T-SHIRT SIZES ON THE PAGES TO FOLLOW.

AMOUNT OWED: _____	AMOUNT PAID: _____
BALANCE REMAINING: _____	CASH OR CHECK: _____
RECEIVED BY: _____	DATE: _____

OFFICE USE ONL

VOLUNTEER NAME

GENDER

TSHIRT SIZE

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