

YOUTH -Group Registrations Form

Important Group Information:	Date Selection:		Camp Name:		
	Program Name:		Is Church Paying:	YES/NO	
	Cluster Name:		How Much is Church Paying?		
Church Information	Church Name:		Email:		
	Phone:				
	Billing Address:		City		State/Zip:
	Name on Card:		Card Number:		
	Expiration Date:		Security Code:		

Registration Information- Please complete all fields.

Leader #1 /Congregation Contact (Please note if the group contact will be attending the week or if they are only the contact)

Last Name:		First Name:		Will you attend camp?	
Date of Birth:		Gender:			
Home Phone:		Cell Phone:		Email:	
Street Address:			City:		State/Zip:
Roommate Request:		Allergy/Dietary Restrictions:			
Emergency Contact:		Relation:		Phone:	

Leader # 2

Last Name:		First Name:			
Date of Birth:		Gender:			
Home Phone:		Cell Phone:		Email:	
Street Address:			City:		State/Zip:
Roommate Request:		Allergy/Dietary Restrictions:			
Emergency Contact:		Relation:		Phone:	

Group Registration Information:

Last Name:		First Name:		Date of Birth:	
Gender:		Grade:		Roommate:	Food Allergies:
Parents Names:	Parent 1:		Parent 2:		
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:	
Street Address:			City:		State/Zip:
Email Addresses	Parent 1:		Parent 2:		
Emergency Contact:		Relation:		Phone:	
Last Name:		First Name:		Date of Birth:	

Gender:		Grade:		Roommate:		Food Allergies:	
Parents Names:	Parent 1:			Parent 2:			
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:			
Street Address:				City:		State/Zip:	
Email Addresses	Parent 1:			Parent 2:			
Emergency Contact:		Relation:		Phone:			
Last Name:		First Name:		Date of Birth:			
Gender:		Grade:		Roommate:		Food Allergies:	
Parents Names:	Parent 1:			Parent 2:			
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:			
Street Address:				City:		State/Zip:	
Email Addresses	Parent 1:			Parent 2:			
Emergency Contact:		Relation:		Phone:			
Last Name:		First Name:		Date of Birth:			
Gender:		Grade:		Roommate:		Food Allergies:	
Parents Names:	Parent 1:			Parent 2:			
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:			
Street Address:				City:		State/Zip:	
Email Addresses	Parent 1:			Parent 2:			
Emergency Contact:		Relation:		Phone:			
Last Name:		First Name:		Date of Birth:			
Gender:		Grade:		Roommate:		Food Allergies:	
Parents Names:	Parent 1:			Parent 2:			
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:			
Street Address:				City:		State/Zip:	
Email Addresses	Parent 1:			Parent 2:			
Emergency Contact:		Relation:		Phone:			
Last Name:		First Name:		Date of Birth:			
Gender:		Grade:		Roommate:		Food Allergies:	
Parents Names:	Parent 1:			Parent 2:			
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:			
Street Address:				City:		State/Zip:	
Email Addresses	Parent 1:			Parent 2:			
Emergency Contact:		Relation:		Phone:			
Last Name:		First Name:		Date of Birth:			
Gender:		Grade:		Roommate:		Food Allergies:	

Parents Names:	Parent 1:		Parent 2:	
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:
Street Address:			City:	State/Zip:
Email Addresses	Parent 1:		Parent 2:	
Emergency Contact:		Relation:		Phone:
Last Name:		First Name:		Date of Birth:
Gender:	Grade:		Roommate:	Food Allergies:
Parents Names:	Parent 1:		Parent 2:	
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:
Street Address:			City:	State/Zip:
Email Addresses	Parent 1:		Parent 2:	
Emergency Contact:		Relation:		Phone:
Last Name:		First Name:		Date of Birth:
Gender:	Grade:		Roommate:	Food Allergies:
Parents Names:	Parent 1:		Parent 2:	
Home Phone:		Parent 1 Cell #:		Parent 2 Cell #:
Street Address:			City:	State/Zip:
Email Addresses	Parent 1:		Parent 2:	
Emergency Contact:		Relation:		Phone: