



Group Registration Form

Please include this form when you return all of your registration materials!

Group Information

Congregation Name: _____ Group Size: _____ Congregation Phone: _____
 Congregation Address: _____ Group E-mail: _____
 City: _____ State: _____ Zip: _____ Group Password: _____

Primary Contact Information

Name: _____ E-mail: _____ Cell Phone: _____

No.	Name	Gender	Participant Type*	T-Shirt Size	# of DVDs
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*Participant types: adult sponsor, youth minister, teen participant

Over for more



Group Registration Form (continued)

No.	Name	Gender	Participant Type	T-Shirt Size	# of DVDs
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
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40					