

Instructions

Group Information

Church Name:

Address:

City:

State:

Zip:

Division:

Section:

OP#:

Contact Name:

Contact Email:

Contact Phone:

Minors Attending

Leaders Attending

Signature

By signing below, I certify that all adults included with this registration have been screened. I and my leaders acknowledge there are no refunds for all or any portion of the above registration.

Sr. Pastors Signature

Date: