

# YOUTH -Group Registrations Form

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

**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)**

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

**Leader # 2**

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

**Group Registration Information:**

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

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: