

MID-OHIO VALLEY WORK CAMP

GROUP REGISTRATION SUMMARY SHEET

(Please print or type all information. Please fill in completely.)

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Group Leader: _____

Phone Numbers: _____ (Home) _____ (Cell)

Participant Information:

Total Youth ----- _____

Total Adults ----- _____

Total Workers ----- _____

Housing Information: Total Females: _____ Total Males: _____

Payment Information:

Cost: \$75.00 per teen registration
No. _____ X \$75 ----- _____

\$50.00 per teen when 2 or more from same family
No. _____ X \$50 ----- _____

\$25 per adult registration
No. _____ X \$25 ----- _____

\$25 per person late fee
No. _____ X \$25 ----- _____

Total Payment ----- _____

T-Shirts:

Small ----- _____ XL ----- _____

Medium ----- _____ XXL ----- _____

Large ----- _____ XXXL ----- _____

Office Use Only

Payment Record

Amount Paid: _____

Date: _____

Check No.: _____

