

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: _____
Group Leader: _____ Cell Number: _____

Participant Information

Total Youth: _____
Total Adults: _____
Total Workers: _____

Housing Information

Total Females: _____
Total Males: _____

Payment Information:

Cost: \$85/teen registration
No. _____ x \$85 = _____
\$60/teen when 2 or more from the same family
No. _____ x \$60 = _____
\$25/adult registration
No. _____ x \$25 = _____
TOTAL PAYMENT _____

T-shirts

Small _____ XL _____
Medium _____ XXL _____
Large _____ XXXL _____
Total Shirts _____

Office Use Only

Payment Record

Amount Paid _____ Date _____ Check No. _____