

GROUP REGISTRATION FORM



Please check your choice in weekends. If your selection is not available at the time that we receive your pre-registration, we will contact you at the phone number, church, or e-mail address listed below.

____ January 13-15 (Randy DonGiovanni) ____ January 20-22 (Brian Porzio) ____ January 27-29 (Joe Phillips)

PLEASE PRINT ALL INFORMATION VERY NEATLY (Typing is preferred)

Church Name: _____ Church City: _____ Church Phone: _____

Group Leader Name: _____ Phone: _____ E-mail: _____

Registration confirmation will be emailed. You will not receive a confirmation of your registration if the information above is illegible, missing, or incorrect.

MALE			FEMALE		
Chaperones			Chaperones		
<i>(must be at least 20 years old. 1 chaperone for every 1-10 student of the same gender required)</i>			<i>(must be at least 20 years old. 1 chaperone for every 1-10 student of the same gender required)</i>		
Name	Age		Name	Age	
1.			1.		
2.			2.		
Interns			Interns		
<i>(High school graduates age 18-19. Do not count towards the required 1:10 chaperone to student ratio)</i>			<i>(High school graduates age 18-19. Do not count towards the required 1:10 chaperone to student ratio)</i>		
Name	Age		Name	Age	
1.			1.		
2.			2.		
Students			Students		
<i>(Grades 7-12)</i>			<i>(Grades 7-12)</i>		
Name	Grade		Name	Grade	
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		
11.			11.		
12.			12.		
13.			13.		
14.			14.		
15.			15.		
16.			16.		
17.			17.		
18.			18.		
19.			19.		
20.			20.		
TOTAL MALE:			TOTAL FEMALE:		

PAYMENTS:

Total number attending _____ x \$45 = _____ non-refundable deposit enclosed (one church check)

Total number attending _____ x \$50 = _____ balance due at registration (one church check)

TOTAL COST: \$95 PER PERSON

**Return this for with deposit and all completed Parental Release forms to
Winter Retreat, 4651 Westport Drive, Mechanicsburg PA 17055
Make check payable to "PennDel District"**