

## **GROUP REGISTRATION FORM**

Church / Youth Group Name:			
Church Address:			
City:	State:	Zip:	
Senior Pastor:			
Church Phone:		Fax:	
Email:		<u> </u>	
YOUTH PASTOR / LEADER			
Leader Name:		Phone:	
REGISTRATION INFORMATION			
Number of Students Registered:	Male	Female	
	PAYMENT INFO	DRMATION	
Amount Enclosed \$		Check Number	
All deposits must be postmarked subject to the late fee of \$20.00 per/ca	amper. All balances are du	2019. If you miss the deposit deadline, you could be ue upon arrival at camp.	
This registration and payment are c	onfirmation that you hav	ve read and accepted this registration policy.	
Senior Pastor or Youth Pastor / Lea	der Signature:		
Date:			
Please note your email address for	confirmation:		

## MAIL FORM, STUDENT REGISTRATIONS, AND CHECK TO:

NWD Youth Ministries P.O. Box 364, New Brighton, PA 15066