

THE NEXT LEVEL

nwd fall youth retreat // GROUP REGISTRATION FORM + ROOMING ASSIGNMENTS

Church/Youth Group Name: _____

Total Number of Registrants (Students + Leaders): _____

City: _____

(Cost per person: \$160. *\$80 non-refundable deposit due per person)

Youth Pastor/Leader: _____

Total amount paid: _____

Email: _____

(Make check payable to "NWD Youth Ministries")

Male Room Assignment Preferences (4 people per room) *Please notate chaperones with an asterisk.

	Person 1	Person 2	Person 3	Person 4
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____

Female Room Assignment Preferences (4 people per room) *Please notate chaperones with an asterisk.

	Person 1	Person 2	Person 3	Person 4
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____
Room # _____ Name _____	_____	_____	_____	_____

* FINAL ROOMING ASSIGNMENTS WILL BE DETERMINED BY THE NWD YOUTH MINISTRY STAFF. ALL PREFERENCES MAY NOT BE POSSIBLE BASED ON INDIVIDUAL ROOM CAPACITY.