

Reach Discipleship Camp
Group Registration Form
June 21-26, 2009

1. GROUP LEADER'S INFORMATION

Group Leader's Name: _____
Parish Name: _____ Parish Address: _____
City: _____ State: _____ Zip: _____
Contact Phone: _____ E-mail: _____

I have read, understand, and agree to all general policies in the registration packet.

Group Leader Signature

Date

2. PARTICIPANT INFORMATION

1. Each group attending must have ONE ADULT FOR EVERY SEVEN YOUTH.
(Youth must be entering the 9th grade or older.)

2. Please indicate the numbers for whom you are registering:

Male Adults (chaperones) _____
Female Adults (chaperones) _____
Male Youth _____
Female Youth _____
Group Total _____

3. Please attach a list of each group member's name, age, gender and chaperone assignment.

4. Camp Fees

Number of Registrations _____ X \$300 = \$ _____

Number of Adult Chaperones _____ X \$100 = \$ _____

TOTAL AMOUNT: \$ _____

Number of shirts of each size for your group

(only necessary if you are registering before Friday, June 5, 2009):

S _____ M _____ L _____ XL _____ XXL _____

Please make check payable to Reach Youth Ministry and include the Group Leader's name on all payments.

Send a copy of this form along with each of your payments to:

Reach Discipleship Camp
Reach Youth Ministry, PO Box 130, Cowiche, WA 98923
Fax: 1-888-457-9498 Email: mail@reachym.com