

# Church Registration Form

Church \_\_\_\_\_

Contact Person \_\_\_\_\_

**Please list the names of those that will be attending.**

**Boys**

**Adult Sponsor:** \_\_\_\_\_

Asterisk (\*) any additional sponsors attending.

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**Girls**

**Adult Sponsor:** \_\_\_\_\_

Asterisk (\*) any additional sponsors attending.

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Please include this form, along with **ONE** check made payable to **Missionary Church ECR (Youth)**, when sending in your Parent Consent & Medical Release Forms. Send completed registration information and payment to:

**Missionary Church ECR**  
**Keeping the Faith**  
**1509 West Main Street**  
**Troy, OH 45373**

Number of Youth \_\_\_\_\_

Number of Sponsors \_\_\_\_\_

**Total** \_\_\_\_\_

Amount \$ \_\_\_\_\_