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
Jr. High ALL IN
1509 West Main Street
Troy, OH 45373

Number of Youth _____

Number of Sponsors _____

Total _____

Amount $_____