2017 Community Rehab Project
Group Registration List

Church/Organization Name _____

Contact Person _____ Cell Phone _____

Church/Organization Address _____

Phone _____ E-Mail _____

Attention Youth Ministers/Organization Directors:

Please compile on the list below a summary of the information you have gathered from registration forms you have collected. Please mail this form, all individual registration forms and a single check from your church or organization to cover the total charges for all participants your church/organization has registered. Paperwork must be postmarked no later than May 1, 2017 to:

Community Rehab Project • RE: Group Registration • P O Box 387 • Comanche, Texas 76442

Please PRINT all information…

(Adults) First and Last Name	Participant Info		Adult T-Shirt Size	Fee Amount
	Sponsor?	Gender		
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35
				$35

Students on back…

Please PRINT all information…

Church/Organization Name________________________________

(Students) First and Last Name	Gender	Adult T-Shirt Size	Fee Amount
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
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			$75
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			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75
			$75

Total # of Adults __________

# of Students __________

Total Registration ______________