# 2020 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, 2020 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 | | |
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Students on back…

Please PRINT all information…

Church/Organization Name________________________________

| (Students) First and Last Name | Gender | Adult T-Shirt Size | Fee Amount |
|---|---|---|---|
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Total # of Adults ___________

# of Students ___________ Total Registration _______________