## 2024 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 15, 2024 to:

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

| (Adults) First and Last Name | Participant Info |  | Adult T-Shirt Size | Fee Amount |
| :---: | :---: | :---: | :---: | :---: |
|  | Sponsor? | Gender |  |  |
|  |  |  |  | \$35 |
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Church/Organization Name

| (Students) First and Last Name | Gender | Adult <br> T-Shirt Size | Fee Amount |
| :---: | :---: | :---: | :---: |
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Total \# of Adults
\# of Students
Total Registration

