

2024 Community Rehab Project Group Registration List

Church/Organiza			
Contact Person		Cell Phone	
Church/Organiza	tion 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

Please PRINT all information...

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

		Adult	
(Students) First and Last Name	Gender	T-Shirt Size	Fee Amount
			\$75
			\$75
			\$75
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			\$75
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Total # of Adults			
	# of Students	Total Reg	istration