2025 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, 2025 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		
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40
				$40

Students on back…

Please PRINT all information…

Church/Organization Name_____

(Students) First and Last Name	Gender	Adult T-Shirt Size	Fee Amount
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
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			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100
			$100

Total # of Adults _____

# of Students _____ Total Registration _____