2012 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, 2012 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 Sponsor	Male/Female	Adult T-Shirt Size	Fee Amount
				$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/Group Name_____

(Students) First and Last Name	Male/Female	Adult T-Shirt Size	Fee Amount
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75
_____	_____	_____	$75

Total # of Adults _____

# of Students _____

Total Registration $_____