PLEASE TYPE INFORMATION THEN PRINT OR PRINT CLEARLY!

SOURCE + SUMMIT
GROUP REGISTRATION FORM

Group Name_____ **Parish**_____

Contact Person_____ **Phone**_____

Address_____ **E-MAIL** _____
Street City Zip

CHAPERONE **(If more than one chaperone is attending (tag team) to help with this group of 8 please list their information on a separate sheet and attach to this form)**

NAME	PHONE	E-MAIL	T Shirt Size

YOUTH NAME	Age	T Shirt Size

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