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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