

| Church/Group Name:                  |                  |     |     |                                  |                   |   |    |    |    | Group Summary Form          |              |             |             |                         |           |            |                    |              |                                     |        |       |   |   |   |   |
|-------------------------------------|------------------|-----|-----|----------------------------------|-------------------|---|----|----|----|-----------------------------|--------------|-------------|-------------|-------------------------|-----------|------------|--------------------|--------------|-------------------------------------|--------|-------|---|---|---|---|
| Church Address:                     |                  |     |     |                                  | Group Leader(s):  |   |    |    |    |                             |              |             |             |                         |           |            |                    |              |                                     |        |       |   |   |   |   |
| City, State, Zip:                   |                  |     |     |                                  | GLs Home Phone #: |   |    |    |    |                             |              |             |             |                         |           |            |                    |              |                                     |        |       |   |   |   |   |
| Church Phone #:                     |                  |     |     |                                  | GLs Cell Phone #: |   |    |    |    |                             |              |             |             |                         |           |            |                    |              |                                     |        |       |   |   |   |   |
| Pastors Name:                       |                  |     |     |                                  | GLs Email:        |   |    |    |    |                             |              |             |             |                         |           |            |                    |              |                                     |        |       |   |   |   |   |
| Last Name                           | First Name       | Age | M/F | TShirt Size: (enter 1 in choice) |                   |   |    |    |    | Additional Hotel Fees: (\$) |              |             |             | Registration Fees: (\$) |           |            |                    | Forms in:(X) |                                     | Room # |       |   |   |   |   |
|                                     |                  |     |     | S                                | M                 | L | XL | 2X | 3X | Rlway \$40                  | Single \$150 | Double \$50 | Triple \$20 | Regular \$350           | Other +/- | Total Fees | Dep. Rcvd \$150/ea | Balance Due  | #1 Reg.                             |        | #2 LR |   |   |   |   |
| EXAMPLE                             | CHRISTIAN        | 16  | M   |                                  |                   | 1 |    |    |    |                             |              |             | 50          |                         | 350       |            | 400                | 150          | 250                                 | X      | X     | 1 |   |   |   |
| 1                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 2                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 3                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 4                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 5                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 6                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 7                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 8                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 9                                   |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 10                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 11                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 12                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 13                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 14                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 15                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 16                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 17                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 18                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 19                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| 20                                  |                  |     |     |                                  |                   |   |    |    |    |                             |              |             |             |                         |           | 0          |                    | 0            |                                     |        |       |   |   |   |   |
| Shaded Sections for Office Use Only | # Totals:        |     | M   | 0                                | 0                 | 0 | 0  | 0  | 0  | 0                           | 0            | 0           | 0           | 0                       | 0         | 0          | 0                  |              | Shaded Sections for Office Use Only |        |       |   |   |   |   |
|                                     | Adults (19+):    |     |     | \$ Totals:                       |                   |   |    |    |    |                             |              |             |             |                         |           | 0          | 0                  | 0            |                                     |        |       | 0 | 0 | 0 | 0 |
|                                     | Teens (12-18):   |     | F   | Payment made to C4C:             |                   |   |    |    |    |                             |              |             |             |                         |           | Date:      | Ref:               | Amount:      |                                     |        |       | 0 |   |   |   |
|                                     | Children (0-11): |     |     | Payment made to C4C:             |                   |   |    |    |    |                             |              |             |             |                         |           | Date:      | Ref:               | Amount:      |                                     |        |       | 0 |   |   |   |