

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 \$50	Single \$180	Double \$60	Triple \$20	Regular \$375	Other +/-	Total Fees	Dep. Rcvd \$200/ea	Balance Due	#1 Reg.		#2 LR			
EXAMPLE	CHRISTIAN	16	M			1							60		375		435	200	235	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					
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11																	0		0					
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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							
	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								