

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	Rlwy \$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					
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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	0	0				
	Adults (19+):			\$ Totals: 0 0 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																			