

Beautiful U Conference

Saturday, April 22, 2017

Group Registration

Please use this form when registering a group.

Everyone (students and adults) also must fill out an "Liability & Medical Release Form".

Church / Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

ADULT IN CHARGE OF YOUR GROUP AT BEAUTIFUL U:

Name: _____
Title: _____
Cell Phone: () - _____
Email: _____

PRICING:

<u>Early Rates</u>	<u>Regular Rates</u>
<i>Postmarked before April 14, 2017</i>	
Individual Rate—\$ 35	Individual Rate—\$ 45
Group Rate Rate—\$ 25 per person <i>(5 or more)</i>	Group Rate—\$ 35 per person <i>(5 or more)</i>

REGISTRATION NUMBERS:

Total Students: _____	Total Adults: _____	Total # Registered: _____
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AMOUNT ENCLOSED:

\$ _____
Please send ONE check. Make check payable to Harvest Ministry .
<i>Mail registration to: Harvest Ministry, 407 Edwardsville Rd., Troy, IL 62294</i>

Office Use Only: Check No.: _____ Amount: _____
Notes: _____