

Girls Conference

Saturday, April 4, 2020

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 THE GIRLS CONFERENCE:

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

PRICING:

2020 Girls Conference Registration Rates *(Registered before the event)*

Individual Rate—\$ 45

Group Rate Rate (5 or more)—\$ 35 per person

Rates at the door: Individual Rate—\$ 60 Group Rate (5 or more)—\$ 50 per person

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: _____