

GROUP INFORMATION FORM - Cedarkirk - Nov. 6-8, 2009

Church Name/Address _____

City _____ Daytime _____ Zip _____

Contact Name _____ Phone # _____

Total # of Youth _____ Total # of Adults _____

ALL GROUPS MUST HAVE A MALE AND FEMALE ADULT CHAPERONE,
ONE FOR EVERY SIX YOUTH

Our Group Room/ Meal Option is _____ (See cost options sheet for details)

***We need names of participants with your registration/payment in order to hold rooms requested**

Name	M	F	A	Name	M	F	A

Name	M	F	A	Name	M	F	A

Important Additional Info!

- Payment per person required with completed registration form
(non-refundable but may be transferred to another student)
- Total number attending faxed or e-mailed to Presbytery office by Oct. 30, 2009
- Registration forms and checks due in office by end-of-day Nov.2nd
- Please make checks payable to Presbytery of Tampa Bay and mail w/forms to:

**Presbytery of Tampa Bay,
4704 Kelly Road, Tampa, FL 33615**

Sponsored by Education Committee, Presbytery of Tampa Bay