

TWIN PINES CAMP, CONFERENCE & RETREAT CENTER
2021 GROUP F.Y.R.E. REGISTRATION FORM

November 5-7, 2021

Church/Ministry Name		
Street Address		
City	State	Zip Code
Contact Person Name		
Email Address		Phone
Street Address		
City	State	Zip Code

DIRECTIONS: Provide information for each person registering for F.Y.R.E. 2021.

LIST THE CONTACT PERSON AS NUMBER 1. In the second column, check if the person is an adult.

#	Adult	Attendee Name	Gender	Grade	Rate	Early Payment	Balance Due
1	Contact Person		M F				
2	<input type="checkbox"/>		M F				
3	<input type="checkbox"/>		M F				
4	<input type="checkbox"/>		M F				
5	<input type="checkbox"/>		M F				
6	<input type="checkbox"/>		M F				
7	<input type="checkbox"/>		M F				
8	<input type="checkbox"/>		M F				
9	<input type="checkbox"/>		M F				
10	<input type="checkbox"/>		M F				
11	<input type="checkbox"/>		M F				
12	<input type="checkbox"/>		M F				
13	<input type="checkbox"/>		M F				
14	<input type="checkbox"/>		M F				
15	<input type="checkbox"/>		M F				

Office Use ONLY			
Date	Payment Info	Payer	Confirmation Sent

Section Total			
Other Section Total			
Grp. Reservation Payment			
Grand Total			

TWIN PINES CAMP, CONFERENCE & RETREAT CENTER
2021 GROUP F.Y.R.E. REGISTRATION FORM

	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
16	<input type="checkbox"/>		M F				
17	<input type="checkbox"/>		M F				
18	<input type="checkbox"/>		M F				
19	<input type="checkbox"/>		M F				
20	<input type="checkbox"/>		M F				
21	<input type="checkbox"/>		M F				
22	<input type="checkbox"/>		M F				
23	<input type="checkbox"/>		M F				
24	<input type="checkbox"/>		M F				
25	<input type="checkbox"/>		M F				
26	<input type="checkbox"/>		M F				
27	<input type="checkbox"/>		M F				
28	<input type="checkbox"/>		M F				
29	<input type="checkbox"/>		M F				
30	<input type="checkbox"/>		M F				
Other Section Total							

The section is for attendees who register after the early registration deadline

	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
1	<input type="checkbox"/>		M F				
2	<input type="checkbox"/>		M F				
3	<input type="checkbox"/>		M F				
4	<input type="checkbox"/>		M F				
5	<input type="checkbox"/>		M F				
6	<input type="checkbox"/>		M F				
7	<input type="checkbox"/>		M F				
8	<input type="checkbox"/>		M F				
9	<input type="checkbox"/>		M F				
10	<input type="checkbox"/>		M F				
Section Total							