

TWIN PINES CAMP, CONFERENCE & RETREAT CENTER
2022 GROUP F.Y.R.E. REGISTRATION FORM

November 4-6, 2022

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. 2022.*

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

	Adult	Attendee Name	Sex	Grade	Rate	Early Payment	Balance Due
1	Contact Person		M F				
2	☐		M F				
3	☐		M F				
4	☐		M F				
5	☐		M F				
6	☐		M F				
7	☐		M F				
8	☐		M F				
9	☐		M F				
10	☐		M F				
11	☐		M F				
12	☐		M F				
13	☐		M F				
14	☐		M F				
15	☐		M F				

Office Use ONLY			
Date	Payment Info	Payer	Confirmation Sent
_____	_____	_____	_____

Section Total

Other Section

Total

Grp. Reservation

Payment

Grand Total

