Group Registration Form

Please fill out the information below to reserve space for your group to attend Winter Thaw 2023

ORGANIZATION INFORMATION (items in bold are required)

| Church Address 2 Church City/St/Zip | Church Name | | Church Address 1 | |
|---|--------------------------|------------------------|------------------------------------|---|
| CONTACT INFORMATION Name | Church Address 2 | | Church City/St/Zip | |
| Street City / St / Zip Home Phone Cell Phone Email RETREAT RESERVATION (Provide the following information to reserve spaces for your group) Which Winter Thaw will your group attend: WT-A: Jan 13-15 WT-B: Jan 27-29 WT-C: Feb 17-19 WT-D: Feb 24-26 Number of Spots to Reserve How many of the following do you expect to register? Adults Males Females Youth Males Females How do you wish to make the \$150 deposit for your group? Check enclosed Credit Card Provide Information on the Back Office Use: Credit Card Charged Amount of Check Data Entered | Has the Church been to | o Twin Pines Camp | before? Y or N | |
| City / St / Zip | CONTACT INFORMATION | <u>on</u> | | |
| City / St / Zip | Name | | | |
| City / St / Zip | Street | <u> </u> | I O AXE | |
| Email | | V | | . U <u></u> |
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| Check enclosed Credit Card Provide Information on the Back Office Use: Credit Card Charged Amount of Check Data Entered | 7% | Youth | Males | Females |
| Office Use: Credit Card Charged Amount of Check Data Entered | How do you wish to mak | e the \$150 deposit fo | or your group? | 0 |
| Office Use: Credit Card Charged Amount of Check Data Entered | Check enclosed | Credit Card | I Provide Information on the Back | |
| Credit Card Charged Amount of Check Data Entered | | JΨν | | e de la companya de |
| | | Card Charged A | Amount of Check | Data Entered |
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Credit Card Information

| Card Type: VISA MasterCard | Discover (no AmEx) Charge Amount: | |
|----------------------------|-----------------------------------|--|
| Account Number: | Name on Card: | |
| Cardholder Address: | | |
| Expiration Date: | _ Security Number: | |
| Cardholder Signature: | (////) | |

Please postal mail this form to:

Twin Pines Camp
3000 Twin Pines Camp Road
Stroudsburg, PA 18360

