TWIN PINES CAMP, CONFERENCE & RETREAT CENTER

2023 SPRING FLING GROUP REGISTRATION FORM

April 21-23, 2023

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

DIRECTIONS: Provide information for each person registering for Spring Fling 2023.

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

	Adult	Attendee Name	Gen <mark>der</mark>	Grade	Rate	Amount 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			
Of	fice Use (DNLY		unt Due this		
		Amount				
Da	te Recv'd	Payment Info Payer Confirmation Sent		Due from A s Section-Se		
			Subtr			
			of \$15	o paid by 4/	7/2023	
1			Fina	al Amount D	ue by	
				4/21/2023		

TWIN PINES CAMP, CONFERENCE & RETREAT CENTER

2023 SPRING FLING GROUP REGISTRATION FORM

April 21-23, 2023

	Adult	Attendee Name	Gender	Grade	Rate	Amount Due
16			M F			
17			M F			
18			M F			
19			M F			
20			M F			
21			M F			
22			M F			
23			M F			
24			M F			
25			M F			
26			M F			
27			M F			
28			M F			
29			M F			
30			M F			
				Total Am on Seco	ount Due nd Page	

The section is for attendees who register after April 7, 2023.

	Adult	Attendee Name	Gender	Grade	Rate	Amount Due
1			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			
		Total Amo Additional	unt Due of Attendees			
