

Church/Group Name:										Group Summary Form												
Church Address:					Group Leader(s):																	
City, State, Zip:					GLs Home Phone #:																	
Church Phone #:					GLs Cell Phone #:																	
Pastors Name:					GLs Email:																	
Last Name	First Name	Age	M/F	TShirt Size: (enter 1 in choice)						Additional Hotel Fees: (\$)				Registration Fees: (\$)				Forms in:(X)		Room Group (M/F-#)		
				S	M	L	XL	2X	3X	Rlway \$40	Single \$150	Double \$50	Triple \$20	Regular \$350	Other +/-	Total Fees	Dep. Rcvd \$150/ea	Balance Due	#1 Reg.		#2 LR	
Example	Christian	16	M			1						150			350		500	150	350	X	X	M-1
1																	0		0			
2																	0		0			
3																	0		0			
4																	0		0			
5																	0		0			
6																	0		0			
7																	0		0			
8																	0		0			
9																	0		0			
10																	0		0			
11																	0		0			
12																	0		0			
13																	0		0			
14																	0		0			
15																	0		0			
16																	0		0			
17																	0		0			
18																	0		0			
19																	0		0			
20																	0		0			
Shaded Sections for Office Use Only	# Totals:		M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	\$ Totals:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Adults (19+):			Payment made to C4C:		Date:		By:		Amount:	0											
Teens (12-18):	F		Payment made to C4C:		Date:		By:		Amount:	0												
Children (0-11):			Payment made to C4C:		Date:		By:		Amount:	0												

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