

CHURCH REGISTRATION FORM

Charleston Atlantic Presbytery
 Middle School Retreat: Come to the Table
 November 3-5, 2017 – Bethelwoods, York, SC

Name of Church: _____

Contact Person: _____

Phone: _____ Email: _____

- Please indicate which are adults by putting an “A” beside there name.
- There **MUST** be at least one adult for every 6 youth you bring.
- If you bring male and female youth, you must have male and female advisors.
- Please make more copies of this form if needed.

NAME	MALE/FEMALE (M OR F)

Cost: Youth and Adults: _____ X \$90 (by October 9th) = _____
 _____ X \$100 (by October 23rd) = _____

Total Amount enclosed = _____

Send ONE check payable to Charleston Atlantic Presbytery per deadline.

Charleston Atlantic Presbytery attn: Chris Sarkowski
 2421 Ashley River Road · Charleston, SC 29414-4601
 Registration form can be emailed to csarkowski@capresbytery.org