



GROUP REGISTRATION FORM

(please fill in completely)

Choose your camp dates:

- Summer Crave I June 16-19, 2006
- Summer Crave II June 19-23, 2006

Church Name: _____

Group Leader's Name: _____

Group Leader's phone: _____

Group Leader's email: _____ cell phone: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church phone: _____ Church fax: _____

***** only one \$250 deposit is required to reserve your group *****

Estimated number: of students _____ of adults _____

OFFICE USE ONLY:

Group deposit received

Amt: \$ _____

Date: ___/___/___

Crave packet sent

Date: ___/___/___

Indiv. Deps. received

Date: ___/___/___

Activity list received

Date: ___/___/___

Invoice sent

Amt: \$ _____

Date: ___/___/___

Final payment received

Amt: \$ _____

Date: ___/___/___

Please send your **\$250 non-refundable group deposit** made payable to **That Youth Thing, inc.** along with this form to

THAT YOUTH THING, inc.
ATTN: Summer Crave
P.O. Box 292 | Albemarle, NC 28002

EARLY BIRD PRICING	Summer Crave I - \$179	Summer Crave II - \$209 (thru 2/28)
REGULAR PRICING	Summer Crave I - \$199	Summer Crave II - \$229 (starts 3/1)
LAST MINUTE PRICING	Summer Crave I - \$209	Summer Crave II - \$239 (starts 5/15)

By signing below, I agree to the following terms and conditions:

- 1) Group deposits only reserve an estimated number until individual \$50 deposits are received.
- 2) The date we receive your **INDIVIDUAL DEPOSITS** determines your final per person cost (Early Bird, Regular, Last Minute)
- 3) Total balances are due in our office 30 days prior to the event.

_____ Date

Group Leader's signature

QUESTIONS? Call us toll free @ 877.443.3TYT