



INDIVIDUAL REGISTRATION FORM

This form needs to be in our office no later than:

NOV. 15 for CRAVE ONE
NOV. 30 for CRAVE TWO

Church Name: _____

Copy as needed and send masters
with one church check to:

That Youth Thing, inc.
ATTN: Winter Crave

P.O. Box 292
Albemarle, NC 28002

NAME	M/F	AGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total number registered _____ X \$50 = \$_____. _____ *(please enclose one church check for total)*

QUESTIONS? Call us toll free @ 877.443.3TYT