



GROUP REGISTRATION FORM

(please fill in completely)

Choose your retreat dates:

- CRAVE ONE Dec. 27 – 30, 2006
- CRAVE TWO January 12 – 15, 2007

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:

Deposit received

Amt: \$ _____

Date: ___/___/___

Crave packet sent

Date: ___/___/___

Activity list received

Date: ___/___/___

Rooming 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: Winter Crave

P.O. Box 292 | Albemarle, NC 28002

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

- 1) WINTERcrave pricing is based on quad occupancy.
- 2) Group deposits only reserve an estimated number until individual \$50 deposits are received.
- 3) Total balances are due in our office 30 days prior to the event.
- 4) A \$10 per person late fee will be added to all balances received after that date.

Group Leader's signature

Date

QUESTIONS? Call us toll free @ 877.443.3TYT