Tweener Retreat
4th-6th Grade Retreat
Group Registration Form
October 23-24, 2010

Name of Church_____
Address _____
City _____ State _____ Zip _____

Contact Person _____ _____
Phone #'s Office or home or cell

Contact Email _____

Make sure you have at least one adult advisor per six youth of the same gender.

Attendees Name	***Gender***	***Youth (grade) or Adult***