

GROUP REGISTRATION

Name of Contact Person: _____ Phone: (____) ____ - ____

Name of Single Attending:

(B)
Friday Only
\$30.00

(C)
Saturday
Only \$30.00

Attend
Thurs.
(Y/N)

Paid

Column **A** total.....

Column **B** total.....

Column C total.....

Total amount of check=

Pay On-line

Date Paid

Date Reg. form Rec.

Check #

(Made payable to: Cornerstone Baptist Church)

No refunds. If event is cancelled, spots will rollover to next year.

Please return this form or scan to CBC once group is registered.