GROUP REGISTRATION FORM
WINTERFEST 2018

Photocopy if needed or add names to the back – keep a completed copy for your records

A. Congregation Info

Church Name _____

Church Address _____

City_____ State _____ Zip _____

Group Leader Name _____

Group Leader Email: _____ Phone _____

B. Total Fees

Number of Registrants *(total of section C)* x $155 _____

Number of Special Rooms $: _____

(Total Fees Due) = _____

Deposit (Number of Registrants x $50) = _____

(Send this amount in with this form)

Amount due at Event

(Subtract deposit from total fees) = _____

C. Registrants Name(s), + **Shirt Size:**

(Add additional names to rear of form if needed, noting registration type)

Winterfest 2018 ($155/person)

Name	**Shirt Size**	**Name**	**Shirt Size**

Total Participants = _____

Mail with completed Rooming List and non-refundable deposit of $50.00 per person, payable to:

Lower Susquehanna Synod, WINTERFEST 2018, 900 South Arlington Ave., Suite 220B, Harrisburg, PA 17109