



2009 REGISTRATION FORM

Contact Person _____

Church Name _____

Address (for mailings to be sent) _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail Address _____

| | | | |
|-------------------------|---------------------------|----------------------|-------|
| Check desired Workcamp: | Chippewa Falls, Wisconsin | June 14-20, 2009 | _____ |
| | Muncie, Indiana | June 28-July 4, 2009 | _____ |
| | Oskaloosa/Eddyville, Iowa | July 12-18, 2009 | _____ |
| | Centerville, Iowa | July 26-Aug. 1, 2009 | _____ |

I would like to reserve _____ spaces. (Remember you need 1 adult for every 5 teens.)

Enclosed is \$ _____ (\$75.00 deposit per participant)
 (Please make checks payable to: **TeenServe**)

| Name <i>(All names known at this time)</i> | Age | Gender | T-Shirt Size |
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