

TWIN PINES CAMP, CONFERENCE & RETREAT CENTER
2024 WINTER THAW GROUP REGISTRATION FORM

Which Winter Thaw is your group attending?

_____ WT-A Jan. 12-14, 2024

_____ WT-B Jan. 26-28, 2024

_____ WT-C Feb. 16-18, 2024

_____ WT-D Feb. 23-25, 2024

Group Information

Church/Ministry Name		
Street Address		
City	State	Zip Code
Contact Person Name		
Email Address		Phone
Street Address		
City	State	Zip Code

Individuals Attending

DIRECTIONS: Provide information for each person registering for Winter Thaw 2023.

LIST THE CONTACT PERSON AS NUMBER 1. In the second column, check if the person is an adult. Rate is \$130.00 Per Individual

	Adult	Attendee Name	Gender	Grade	Rate	Early Payment	Balance Due
1	Contact Person		M F				
2	<input type="checkbox"/>		M F				
3	<input type="checkbox"/>		M F				
4	<input type="checkbox"/>		M F				
5	<input type="checkbox"/>		M F				
6	<input type="checkbox"/>		M F				
7	<input type="checkbox"/>		M F				
8	<input type="checkbox"/>		M F				
9	<input type="checkbox"/>		M F				
10	<input type="checkbox"/>		M F				
11	<input type="checkbox"/>		M F				
12	<input type="checkbox"/>		M F				
13	<input type="checkbox"/>		M F				
14	<input type="checkbox"/>		M F				
15	<input type="checkbox"/>		M F				

Office Use ONLY			
Date	Payment Info	Payer	Confirmation Sent
_____	_____	_____	_____

Section Total				
Other Section Total				
Grp. Reservation Payment				
Grand Total				

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	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
16	<input type="checkbox"/>		M F				
17	<input type="checkbox"/>		M F				
18	<input type="checkbox"/>		M F				
19	<input type="checkbox"/>		M F				
20	<input type="checkbox"/>		M F				
21	<input type="checkbox"/>		M F				
22	<input type="checkbox"/>		M F				
23	<input type="checkbox"/>		M F				
24	<input type="checkbox"/>		M F				
25	<input type="checkbox"/>		M F				
26	<input type="checkbox"/>		M F				
27	<input type="checkbox"/>		M F				
28	<input type="checkbox"/>		M F				
29	<input type="checkbox"/>		M F				
30	<input type="checkbox"/>		M F				
Other Section Total							

 The section is for attendees who register after the early registration deadline:
 (Within 2 weeks of the start of each weekend) Rate is 160.00 per-individual.

	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
1	<input type="checkbox"/>		M F				
2	<input type="checkbox"/>		M F				
3	<input type="checkbox"/>		M F				
4	<input type="checkbox"/>		M F				
5	<input type="checkbox"/>		M F				
6	<input type="checkbox"/>		M F				
7	<input type="checkbox"/>		M F				
8	<input type="checkbox"/>		M F				
9	<input type="checkbox"/>		M F				
10	<input type="checkbox"/>		M F				
Section Total							