

TWIN PINES CAMP, CONFERENCE & RETREAT CENTER
2020 GROUP WINTER THAW REGISTRATION FORM

Which Winter Thaw is your group attending?

WT-A Jan. 17-19, 2020
 WT-B Jan. 31-Feb. 2, 2020
 WT-C Feb. 14-16, 2020

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

*DIRECTIONS: Provide information for each person registering for Winter Thaw 2020.
 LIST THE CONTACT PERSON AS NUMBER 1. In the second column, check if the person is an adult.*

	Adult	Attendee Name	Gender	Grade	T-Shirt Size*	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					

* ALL T-SHIRT SIZES ARE ADULT ONLY: XS, S, M, L, XL, XXL, XXXL

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	T-Shirt Size*	Rate	Early Payment	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		

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The section is for attendees who register after the early registration deadline

	Adult	Attendee Name	Gender	Grade	Want T-shirt	T-Shirt Size*	Rate	Amount Enclosed	Balance Due
1	<input type="checkbox"/>		M F		Y N				
2	<input type="checkbox"/>		M F		Y N				
3	<input type="checkbox"/>		M F		Y N				
4	<input type="checkbox"/>		M F		Y N				
5	<input type="checkbox"/>		M F		Y N				
6	<input type="checkbox"/>		M F		Y N				
7	<input type="checkbox"/>		M F		Y N				
8	<input type="checkbox"/>		M F		Y N				
9	<input type="checkbox"/>		M F		Y N				
10	<input type="checkbox"/>		M F		Y N				
						Section Total			

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