

Group Registration Form

Please fill out the information below to reserve space for your group to attend Winter Thaw 2023

ORGANIZATION INFORMATION (items in bold are required)

Church Name _____ **Church Address 1** _____

Church Address 2 _____ **Church City/St/Zip** _____

Has the Church been to Twin Pines Camp before? Y or N

CONTACT INFORMATION

Name _____

Street _____

City / St / Zip _____

Home Phone _____ **Cell Phone** _____

Email _____

RETREAT RESERVATION (Provide the following information to reserve spaces for your group)

Which Winter Thaw will your group attend:

_____ **WT-A: Jan 13-15** _____ **WT-B: Jan 27-29** _____ **WT-C: Feb 17-19** _____ **WT-D: Feb 24-26**

Number of Spots to Reserve _____

How many of the following do you expect to register?

Adults _____ **Males** _____ **Females** _____

Youth _____ **Males** _____ **Females** _____

How do you wish to make the \$150 deposit for your group?

_____ **Check enclosed** _____ **Credit Card** Provide Information on the Back

Office Use:

_____ **Credit Card Charged** _____ **Amount of Check** _____ _____ **Data Entered**

_____ **Group Hold Created** _____ **Leader Notified of Code** **Code Provided** _____

Credit Card Information

Card Type: VISA MasterCard Discover (no AmEx) Charge Amount: _____

Account Number: _____ Name on Card: _____

Cardholder Address: _____

Expiration Date: _____ Security Number: _____

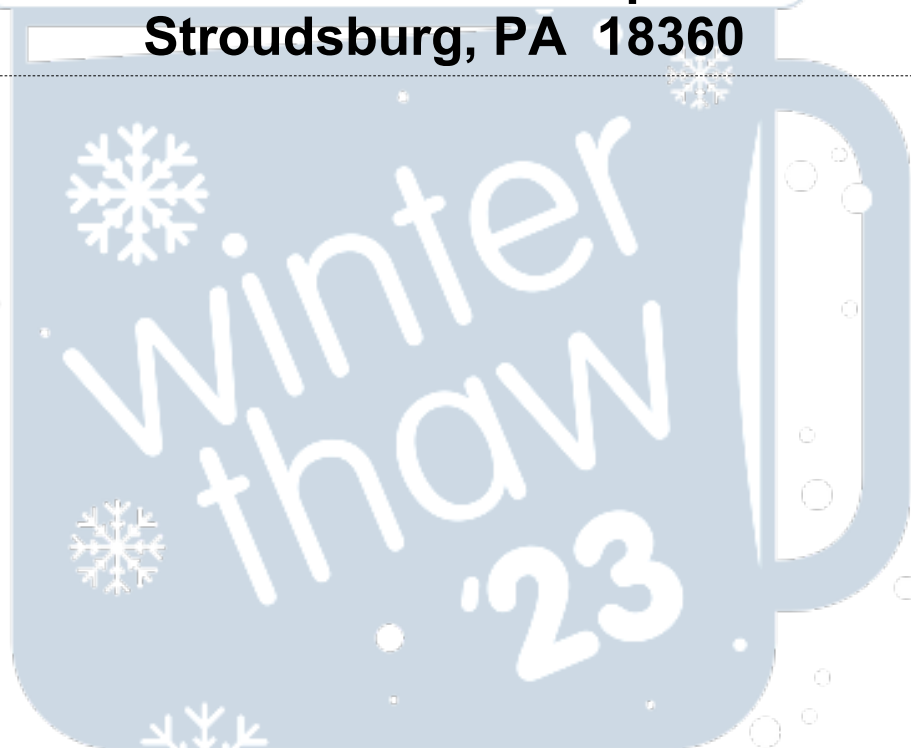
Cardholder Signature: _____

Please postal mail this form to:

Twin Pines Camp

3000 Twin Pines Camp Road

Stroudsburg, PA 18360



twinpines.org