TWIN PINES CAMP, CONFERENCE & RETREAT CENTER

2026 WINTER THAW GROUP REGISTRATION FORM

Which Winter Thaw is your group attending?

☐ **WT-A Jan. 16-18, 2026** ☐ **WT-B Feb. 13-15, 2026**

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 2025.
LIST THE CONTACT PERSON AS NUMBER 1. In the second column, check if the person is an adult. Rate is $135.00 Per Individual

	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
1	Contact Person		☐M ☐F				0
2	☐		☐M ☐F				0
3	☐		☐M ☐F				0
4	☐		☐M ☐F				0
5	☐		☐M ☐F				0
6	☐		☐M ☐F				0
7	☐		☐M ☐F				0
8	☐		☐M ☐F				0
9	☐		☐M ☐F				0
10	☐		☐M ☐F				0
11	☐		☐M ☐F				0
12	☐		☐M ☐F				0
13	☐		☐M ☐F				0
14	☐		☐M ☐F				0
15	☐		☐M ☐F				0
			Section Total		0	0	0
			Other Section Total		0	0	0
			Grp. Reservation Payment				
			Grand Total		0	0	0

Office Use ONLY

Date	Payment Info	Payer	Confirmation Sent
_____	_____	_____	_____

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	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
16	☐		☐M ☐F				0
17	☐		☐M ☐F				0
18	☐		☐M ☐F				0
19	☐		☐M ☐F				0
20	☐		☐M ☐F				0
21	☐		☐M ☐F				0
22	☐		☐M ☐F				0
23	☐		☐M ☐F				0
24	☐		☐M ☐F				0
25	☐		☐M ☐F				0
26	☐		☐M ☐F				0
27	☐		☐M ☐F				0
28	☐		☐M ☐F				0
29	☐		☐M ☐F				0
30	☐		☐M ☐F				0
				Other Section Total	0	0	0

The section is for attendees who register after the early registration deadline:
(Within 2 weeks of the start of each weekend) Rate is **150.00** per-individual.

	Adult	Attendee Name	Gender	Grade	Rate	Amount Enclosed	Balance Due
1	☐		☐M ☐F				0
2	☐		☐M ☐F				0
3	☐		☐M ☐F				0
4	☐		☐M ☐F				0
5	☐		☐M ☐F				0
6	☐		☐M ☐F				0
7	☐		☐M ☐F				0
8	☐		☐M ☐F				0
9	☐		☐M ☐F				0
10	☐		☐M ☐F				0
				Section Total	0	0	0