

Please return by Friday, January 29, 2010



February 13-14 2010
Augustana College
Sioux Falls, SD
www.augie.edu/chapel

CHURCH GROUP REGISTRATION FORM

Church Name: _____

Church Address: _____

Church Phone Number: _____ E-Mail Address: _____

Pastor's Name: _____

Youth Leader's Name (or Primary Contact): _____

Leader Phone Number (include area code): day _____ cell/evening _____

Leader E-mail Address: _____

Youth participants and at least one adult accompanying each youth group are encouraged to stay on campus. Sleeping space and access to locker rooms will be provided at the Elmen Center, Augustana's health, recreation, and athletic facility.

- Thank you. Our group will spend Saturday night on campus at the Elmen Center.
- No, thanks. Our group will find its own housing off campus.

Registration price includes four meals, a Faith Fest gift, lodging at the Elmen Center on campus, and all program costs for the event. It does *not* include Saturday morning breakfast. Write check payable to *Augustana College Faith Fest*.

Total number of youth attending: _____ x \$65 = _____

Total number of adults attending: _____ x \$65 = _____

Total number of tickets requested for the Augustana basketball games on Saturday night: _____

Total amount enclosed: _____

Please complete **both sides** and return to:
Augustana College Outreach Ministries · ATTN Kate Campbell
2001 S. Summit Avenue · Sioux Falls, SD 57197
Feel free to copy this form for larger groups or other churches in your community.
For more information, contact Kate Campbell at 605-274-4396 or kate.campbell@augie.edu

CHURCH GROUP REGISTRATION FORM

Please list individual students and adults here. Place an asterisk (*) next to names of adult leaders.

	Name	M/F	HS Year	T-shirt Size	Dietary concerns/other special needs
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