

SUPER SUMMER REGISTRATION FORM



Please print and complete all information.

NAME: _____

CHURCH NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

Estimated # OF MIDDLE SCHOOL STUDENTS _____
(THOSE HAVING COMPLETED 6-8 GRADE)

Estimated # OF SENIOR HIGH STUDENTS _____
(THOSE HAVING COMPLETED 9-12 GRADE)

Estimated # OF ADULTS _____
(RATIO OF 1 Male PER 10 male students & 1 female per 10 female students)

PAYMENT INFORMATION

\$50 - PER PERSON

_____ X \$50 = \$ _____

ACCOUNTING INFORMATION
CREDIT TO ACCOUNT 421-606-3

CREDIT CARD INFORMATION

TYPE VISA _____ MASTERCARD _____

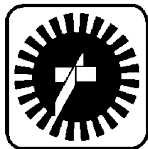
NAME ON CARD _____

ACCOUNT # _____

EXP DATE _____ 3 DIGIT SECURITY # _____

BILLING ADDRESS (IF DIFFERENT FROM ADDRESS ON FRONT)

ENCLOSED: CHECK _____



PLEASE MAIL THIS FORM TO:
FLORIDA BAPTIST CONVENTION
PERSONAL EVANGELISM DEPARTMENT
1230 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

OR FAX TO:
904-596-4462