

Participant Name _____



2017 Registration Form Janesville, WI June 24-30, 2017

Mail this completed form to register:

Dave Wedekind
MWBC
519 16th St. SE
Rochester, MN 55904

Church information:

Name of Your Church: _____ Church City _____ State _____

Group Leader _____

Participant's information:

Participant Name _____ Age ____ Date of Birth ____ / ____ / ____ If still in school- Grade Completed _____

Phone Numbers: Home (____) _____ Cell (____) _____

Dates and Fees:

This registration is for the week of **June 24-30, 2017** at a cost of \$50 per participant.

If you are not able to participate for the entire week, the fee is \$10 per day. Please indicate the date you will be:

Arriving _____ AM PM Departing _____ AM PM

Complete and sign below (*Participants who are minors per your state laws require Parent/Legal Guardian signature*).

Participant Signature _____	Date ____ / ____ / ____	Cell # (____) _____
Print Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Parent/Guardian Signature _____	Date ____ / ____ / ____	Cell # (____) _____
Print Name _____		