

Group Registration Form 2010



Church Name		Person Completing Form	
Church Address		Your Phone Number	
City/State/Zip:	Church Phone Number	Your E-Mail Address	
Registration Type (circle):		Original Registration	Additional Registration #1
			Additional Registration #2
Supervising Adult in Rochester (required):		Cell Phone Number of Supervising Adult:	

Today's Date:	# Registering
Jr. High Male (7-8)	
Jr. High Female (7-8)	
High School Male (9-12)	
High School Female (9-12)	
Youth Leader Male	
Youth Leader Female	
TOTAL # REGISTERING	

If Using Credit Card (circle type)	Visa	MasterCard	Discover (MBC only)
Card Number			
Expiration Date	Month	Year	3-Digit # <small>On back of card</small>
Cardholder Name			
Cardholder Address			
	City	State	Zip
Cardholder Signature			

Total Participants		X	\$38.00	=	\$
Pay By Check Discount		X	\$-2.00	=	(\$)
			Total Registration Fee Enclosed or Charged To CC		\$

Mail, fax or drop off payments beginning February 2 @ 9AM through April 11 to the following addresses:

NCD/ EFC

First EFC

Attn: District Blitz Registrar
2696 Hazelwood Street
Maplewood, MN. 55109
Fax: 651-777-1945

Payable: NCD Student Ministries

Minnesota Baptist Conference

Trout Lake Camps

Attn: District Blitz Registrar
10173 Trout Lake Drive
Pine River, MN. 56474
Fax: 218-543-4337

Payable: Minnesota Baptist Conference

Credit Cards will be billed the total amount the day the registration arrives.

North Central District & Minnesota Baptist Conference
2010 District Blitz Conference