

Register your Group

Sponsor's Name _____

Group Name _____

Primary Address _____

Secondary Address _____

City _____ State: _____ Postal Code _____

E-mail _____ Phone Number (_____) _____ - _____

Number of: Guys _____ Girls _____ Male Sponsors _____ Female Sponsors _____

Please return registration form with 10% of total registration fee. Please make checks payable to Rosedale Bible College.