

STXYM Youth Camp 2017 Group Sheet

Name of Church: _____

Youth Pastor: _____

Senior Pastor: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____ (Confirmation email will be sent to this email address)

Circle one: **Week 1** **Week 2** **Week 3 (5-day camp)**

\$150 per person if postmarked by March 14, 2017
Week 3: \$185 per person if postmarked by March 14, 2017

\$160 per person if postmarked by April 11, 2017
Week 3: \$195 per person if postmarked by April 11, 2017

\$170 per person if postmarked by May 9, 2017
Week 3: \$205 per person if postmarked by May 9, 2017

\$180 per person after May 9, 2017
Week 3: \$215 per person if postmarked after May 9, 2017

****\$70 Deposit per student is required. Registration is non-refundable and non-transferable 2 weeks before camp. No exceptions****

Weekly Adult Counselor Forms are due no later than May 11th. Adults must be at least 21.

Number registered _____ x \$150 (**Week 3: \$185**) = \$ _____ by 3/14/17

Number registered _____ x \$160 (**Week 3: \$195**) = \$ _____ by 4/11/17

Number registered _____ x \$170 (**Week 3: \$205**) = \$ _____ by 5/9/17

Number registered _____ x \$180 (**Week 3: \$215**) = \$ _____ after 5/9/17

Deposit amount for each student that you're paying today (\$70 minimum per student) \$ _____

Total Registered _____ Total Boys _____ Total Girls _____

Pre - Order Shirts:

Please count the total number of shirts & STL 5k registrations your students wish to pre-order.

Please include the money for these orders with your deposits.

Shirts: SM _____ MED _____ LG _____ XL _____

Total Shirt Preorders: _____ x \$20 = \$ _____

STL 5k Preorders: _____ x \$25 = \$ _____

CREDIT CARD PAYMENT OPTION: (complete in full)

Card Type (circle one): **American Express** | **MasterCard** | **Visa**

Name on Card: _____ Card Number: _____

V-Code (3 digits on the back of the card. AMEX is 4 digits located on the front): _____ Exp. Date: _____ Zip: _____

Send receipt to - Name: _____ Email: _____

TOTAL AMOUNT ENCLOSED

Check: \$ _____

Credit Card: \$ _____

GRAND TOTAL: \$ _____

Mail to:

Youth Camp

11102 East Freeway - Houston, Texas 77029

Make all checks payable to STXYM

For more information or to pay by credit card

please contact Zodwa Ndlovu by calling

713.455.1221

I have read and agree with the information on this form regarding registration for STXYM Camp 2017.

_____(Signature)