

# TriQuest Summer Camp 2009 Church Registration Form

CHURCH NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHURCH PHONE ( ) \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON — YOUTH PASTOR/ PASTOR \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

CAMPERS \_\_\_\_\_ X \$175.00 = TOTAL ENCLOSED \_\_\_\_\_

(For Office Use Only)

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DATE RECEIVED \_\_\_\_\_

NUMBER OF CAMPERS \_\_\_\_\_

TOTAL AMOUNT RECEIVED \$ \_\_\_\_\_

PACKET AND RECEIPT SENT \_\_\_\_\_ (DATE)

MAKE CHECKS PAYABLE TO : CALVARY BAPTIST CHURCH

SEND TO : **TriQuest Ministries**  
**Calvary Baptist Church**  
**2250 E. Reelfoot Ave.**  
**Union City, TN 38261**