



YOUTH FOR THE NATIONS CHURCH REGISTRATION

Please note: This form must be completed and sent in with every payment.

Church Name: _____

Youth Pastor: _____ Sr. Pastor: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: (_____) _____ Church Fax: (_____) _____

Youth Pastor Email: _____

Youth Pastor WorkPhone: (_____) _____

Youth Pastor Cell Phone: (_____) _____

PLEASE INDICATE THE WEEK YOU WISH TO COME:

WEEK ONE (JUNE 18-22) _____ WEEK FOUR (JULY 9-13) _____

WEEK TWO (JUNE 25-29) _____ WEEK FIVE (JULY 16-20) _____

**WEEK THREE: please call Spanish YFN for info on this week at (214) 302-6466*

Total Registered: _____

Number of Deposits Included: _____ Amount Enclosed: \$ _____

METHOD OF PAYMENT:

Credit Card _____

Check _____

Money Order _____

Cash _____ Card Type: _____

Card Number: _____ Exp. _____ / _____

Cardholder Name: _____ Sec. Code: _____

Signature: _____

RATIOS:

Youth Pastors: _____ Y.P. Spouses: _____ Male Campers: _____

Male Leaders: _____ Female Campers: _____ Female Leaders: _____