



Greenville Baptist Association Church Registration Form

Church Information:

Name: _____

Address: _____

Phone: _____

Website: _____

Person making request: _____

Name: _____

Church Staff Position: _____

Phone: _____ Email: _____

Primary contact person (if different from person making request): _____

Name: _____

Phone: _____ Email: _____

Number of participants: *Students* ____ *Adults* ____ (All students must complete the 9th grade before the project dates.)

The cost is \$250.00 per participant. A \$50.00 non-refundable deposit (per participant) is due to us by March 31, 2016. The final payment is due May 1, 2016. Make checks payable to: Greenville Baptist Association, 220 Howe Street, Greenville SC 29601.

Once your deposit is received by us, additional information about the project will be sent to you. This includes forms that must be completed for all participants.

Signature and date for person making request: _____

Signature and date for Senior Pastor: _____

Greenville Baptist Association 220 Howe Street Greenville SC 29601 864-242-4330 www.greenvillebaptist.org

