YOUTH FEST GROUP REGISTRATION FORM

HOSTED BY CENTRAL BAPTIST CHURCH & NEW ENGLAND BAPTIST COLLEGE

OCTOBER 11 2025 • 8:30AM - 5:00PM

CHURCH NAME			
PASTOR/ YOUTH PASTOR			
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:			
PHONE:			

NAME (LAST, FIRST)	DATE OF BIRTH	GRADE	MEDICAL RELEASE

TOTAL NUMBER OF TEENS :		X $25:	
		TOTAL COST:	