

# CARDBOARD BOX CITY - 2015

## Group Registration Form



Name of Group \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

# in GROUP \_\_\_\_\_

Names of Supervising Adults \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Youth Attending:

Checked in

1. \_\_\_\_\_
2. \_\_\_\_\_
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