



# First West Florida Baptist District Association

## Young People's Department

### Registration Form

Full Name /

Youth

Director: \_\_\_\_\_

Date: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

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

Email \_\_\_\_\_

Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: \_\_\_\_\_

Pastor: \_\_\_\_\_

Registration-----

Total \$ \_\_\_\_\_

- Personal Enrollment # Enrolled \_\_\_ @ \$ Ea. \_\_\_ \$ \_\_\_\_\_ (Check# \_\_\_\_\_)
- Church Enrollment \$ \_\_\_\_\_ (Check# \_\_\_\_\_)

Grand Total Paid: \$ \_\_\_\_\_

### Schedule of Fees

YOUNG PEOPLE Department

Church Registration.....\$50.00

Personal Registration.....\$20.00

**Note: If church is not registered, please do personal registration.**