

Church-Sponsored Group Registration Form



**Make checks or money orders payable to
Church of God of Prophecy & mail to:**

TN Church of God of Prophecy
Att: POWERHOUSE
P.O. Box 2319 • Hendersonville, TN 37077-2319

Download Applications:
www.camphickoryhills.org/powerhouse

Name of Church: _____ Contact Person: _____

Phone Number: _____ Email: _____

Total Campers: _____ Total Deposit or Full Payment: _____ Check #: _____

If your church sponsors a group of children, youth and chaperones for Powerhouse, please list all you are sponsoring along with their information below. This form will verify who is receiving church funds to attend Powerhouse for registration day purposes. Please provide a church check for all campers with this form. Attendees still need to fill out their individual Powerhouse application and if possible, it should be with this form when submitted.

TUITION	ON-SITE RATE	OFF-SITE RATE
Postmark before October 26th	\$50.00	\$30.00
Postmark after October 26th (After NOV 2ND DO NOT MAIL)	\$60.00	\$30.00

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

Camper's Name: _____ Birthday _____ Age _____

Male Female

Amount Paid: _____

OFFICE USE ONLY	
Date Rcvd: _____	Date of response: _____
Check#: _____	Other Fees: _____ Money Order # _____ Return Ck# : _____
Less Dep Rcvd _____	Balance: _____