

Registration Form Hub Weekend April 9-10, 2010

Your Name _____ Church / Campus _____

Address _____

Phone _____ Email _____

Number Attending – Age 9 – Up _____ x \$51 = \$ _____

Number Attending – Age 4 – 8 _____ x \$28 = \$ _____

Number Attending – Age 0 – 3 _____ x \$5 = \$ _____

TOTAL DUE: \$ _____

Please complete this form and mail with a check (made payable to "SCBC") for your total registration to:
 Collegiate Ministry Group - Hub
 190 Stoneridge Dr
 Columbia, SC 29210
REFUND POLICY: Registrations are transferable, but not refundable.

(Below List Each Person's Name and Gender for Each Room)

Room # 1

Name	Male	Female

Room # 2

Name	Male	Female

(If you need more space, please copy this form.)

Registration due by Wednesday, March 31, 2010; call 800-723-7242 ext.4400 for more details