Church and Youth Group Remittance Form

CCIW Summit 2017

Church Name _____

Church Address_____

Church Phone _____

Church Contact Person_____

Male Sponsor Name and Cell # _____

Female Sponsor Name and Cell # _____

Amount of Check _____ Number of Participants _____

Participants Name	Fee paid
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____