


2007 CONGREGATIONAL SUMMARY

TRI - AREA

City/Congregation: _____ Camp/Date: _____

- *To be completed in **FULL** to accompany individual health/registration forms
- *Return this summary sheet and the **total** registration fee for this event to your area office:
NEA/ Youth, 100 Independence Place #305, Tyler, Texas 75703
NTA/ Youth, 2400 Lone Star Drive Suite 101, Dallas, Texas 75212-6309
TBA/Youth, 3211 S. University Dr., Ft. Worth, Texas 76109

*Please make one check to your area Northeast Area, North Texas Area, or Trinity-Brazos Area

****Please Print or Type**** Please complete **ONE** summary sheet for each camp* Area (Circle): NEA NTA TBA

Name	Address	City/Zip	Phone	Age and Grade	T-Shirt Size
Males:			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
Females:			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		
			() -		

Enclosed _____ Registrations at \$ _____ per person	Total \$ _____	Date: _____ / _____ / _____
Church CK # _____	Contact Name: _____	Phone() - _____