SUPERWOW CAMP 2010

MAIL-IN REGISTRATION FORM

GROUP INFORMATION

Church: _____ Church Phone: _____

Group Leader: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

GROUP REGISTRATION

1. **Which week of Superwow Camp would you like to attend?**

   ☐ Jekyll Island, June 14-18
   ☐ Jekyll Island, June 21-25
   ☐ Jekyll Island, June 28-July 2
   ☐ Ft. Walton Beach, June 14-18
   ☐ Ft. Walton Beach, June 21-25

2. **How many people will you be bringing in your group?**

   _____ Students & Adults; *$109/person through May 17, 2010, $119 afterwards*

   _____ Children (Age 2-10); *$40/child through May 17, 2010, $50 afterwards*

3. **Would your group like to participate in the afternoon Missions Track?**
   Groups have the option of doing community mission projects during the afternoons on Tues, Wed, or Thurs.

   ☐ Yes If so, which day/s? ☐ Tuesday ☐ Wednesday ☐ Thursday
   ☐ No

4. **Would you be interested in the Superwow "One-Call" lodging/meal inclusive Packages?**
   If so, someone from the Superwow Office will contact you shortly to talk through the many different options.

   ☐ Yes ☐ No

5. **Reserve your T-Shirts!**
   T-Shirt order must be received no later than April 19, 2010 to ensure that you will receive your correct sizes.

   _____ Adult Small _____ Adult XL _____ Child Small
   _____ Adult Medium _____ Adult XXL ($6/shirt) _____ Child Medium
   _____ Adult Large _____ Adult XXXL ($7/shirt) _____ Child Large

6. **Calculate your Total!**

Ticket Type:	*Number*	*x*	*Price*	=	*Amount*
Students & Adults:	_____	x	$109 (through 5/17/10)	=	_____
Children (Age 2-10):	_____	x	$40 (through 5/17/10)	=	_____

TICKET SUBTOTAL: _____

SUBTRACT Group Ticket Discount (1 free ticket per 20 student/adult tickets): – _____

ADD Extra T-Shirt Charges (for XXL/XXXL shirts only): + _____

TOTAL: _____

METHOD OF PAYMENT

Deposit of $50/person (or $40/child) due with registration, with remaining balance due by May 17.

☐ Enclosed Check (Payable to Superwow)
☐ Visa
☐ MasterCard

Card Number: _____
Name on Card: _____ Exp: _____
Billing Address: _____
City/State/Zip: _____

Please return to: *Superwow Camp 2010 | Youth Ministries | 6405 Sugarloaf Pkwy | Duluth, GA 30097*
For additional information and/or questions, please call 1-800-746-4422 x 234.