Autumnmatics Registration

Youth Group Registration Form: For Youth Leaders

**Church Name:** Click or tap here to enter text.

**Church’s Main Leader:** Click or tap here to enter text.

Leaders Phone Number: Click or tap here to enter text.

Leaders Email: Click or tap here to enter email

**Procedures for Registering your Group:**

1. Make sure to inform youth of your deadline for registration forms.
2. As you gather chaperones to supervise your youth throughout the event place their names-based on gender- under category “Chaperones”.
3. If there are more than twenty-six youth in a gender, feel free to alter the table by adding a row.
4. Once the deadline for your youth to register passes, please total out Chaperones, Youth, and a total number of people attending Autummatics.
5. If students have “***dietary needs or restrictions***” please communicate that with Office Manager when you send in your Group Registration Form.
6. Once everything is filled out, email your “Group Registration Form” to mail@cooperstownbiblecamp.com ***at least 5 days prior to event***.
	1. For viability in Paintball, Lodging, Food, etc.
7. Two ways of payment: (If parents are paying with a check, have them made out to your church)
	1. CBC will invoice all churches after Autumnmatics.
	2. Or, bring a church check made out to Cooperstown Bible Camp, in the full amount, made out to CBC.

**Autummatics Pricing:**

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| **Chaperones and Leaders:** |
| **Teens 6-13th Grade $115** |
| **Leaders and Chaperones** | **FREE** |
| **Paintball per person (**additional 100 rounds $5.00**)** | **$20.00** |

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| **Chaperones:** |
| **Church Female Chaperones:** | **Church Male Chaperones:** |
| 1. Click or tap here to enter text. | 1. Click or tap here to enter text. |
| 2. Click or tap here to enter text. | 2. Click or tap here to enter text. |
| 3. Click or tap here to enter text. | 3. Click or tap here to enter text. |
| 4. Click or tap here to enter text. | 4. Click or tap here to enter text. |
| 5. Click or tap here to enter text. | 5. Click or tap here to enter text. |
| **Total Chaperones:** | Click to Enter Total Chaperones |

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| **Youth:**  |
| **Female Youth:** | **Paintball** | **Male Youth:** | **Paintball** |
| 1. Click or tap here to enter text. |[ ]  1. Click or tap here to enter text. |[ ]
| 2. Click or tap here to enter text. |[ ]  2. Click or tap here to enter text. |[ ]
| 3. Click or tap here to enter text. |[ ]  3. Click or tap here to enter text. |[ ]
| 4. Click or tap here to enter text. |[ ]  4. Click or tap here to enter text. |[ ]
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| 24. Click or tap here to enter text. |[ ]  24. Click or tap here to enter text. |[ ]
| 25. Click or tap here to enter text. |[ ]  25. Click or tap here to enter text. |[ ]
| 26. Click or tap here to enter text. |[ ]  26. Click or tap here to enter text. |[ ]

 ***Total Number of Youth Paintballing: Click here to Enter Total Number of Youth Paintballing.***

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| --- | --- | --- | --- | --- |
| **Total Female Youth:** | Tap to Enter Total | **Total Male Youth:** | Tap to Enter Total |  |

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| --- | --- |
| **Total Number of People Coming:**(Youth, Chaperones, and Main Leader Combined) | Click or tap here to enter text. |

**Dietary Needs**

**How many registrants have dietary restrictions? Please include the number of people who would require alternative meals:**

**Food Allergy: Click or Tap here to fill out: Please list any allergies that the camp staff should be aware of.**

**Gluten Free:** Click or tap here to enter text.

**Lactose Intolerant/Dairy Free:** Click or tap here to enter text.

**Vegetarian:** Click or tap here to enter text.

**Vegan:** Click or tap here to enter text.