



Registration Form

July 13-22, 2024

Camp Bus to ELCA National Youth Gathering in New Orleans, LA

Contact Information

Congregation name _____

Contact person _____

Contact person's mailing address _____

City _____ State _____ Zip+4 _____

Phone _____ Email _____

Number Attending

Male youth _____

Female youth _____

Male adult(s) _____

Female adult(s) _____

Total _____

(Please list participants on the back)

For each group, send a completed registration form (no phone calls, please) with your non-refundable deposit of \$100 per person. Please check your method of payment.

- Check or money order payable to METIGOSHE MINISTRIES
- Visa
- MasterCard

Exp. Date

Month		Year	

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number

**Mail completed
registration & deposit to:
Metigoshe Ministries
165 Lake Loop Rd
Bottineau ND 58318-8055**

Cardholder Signature

- Register as a group, not individuals
- Follow the payment plan to the right. To assure your group's reservation, payments must be paid by the deadlines.
- All payments are non-refundable.
- In case of cancellations, payments may be transferred to replacement campers, but cannot be used toward either group balances due or individual camper balances.

Payment Plan for



October 1, 2023	\$100/person
January 15, 2024	\$500/person
March 1, 2024	\$525/person (Remaining Balance)

Participants



Please complete for each participant and return to Metigoshe Ministries. Be sure to complete ALL information and print legibly. Make additional copies if necessary. Chaperones only need to complete name, male/female, phone, email, address and their signature.

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Current Grade _____ Age _____ Best Phone Number to Call _____

Parents' First and Last Names _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address of Best Contact Person _____ Guardian Signature _____

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Current Grade _____ Age _____ Best Phone Number to Call _____

Parents' First and Last Names _____

Mailing Address _____ City _____ State _____ Zip _____

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Mailing Address _____ City _____ State _____ Zip _____

Email Address of Best Contact Person _____ Guardian Signature _____

For Office Use Only - Date Received _____ Check # _____ Amount \$ _____

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