



YOUTH REGISTRATION FORM

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Group Leader: _____ Church Affiliation: _____

PAYMENT INFORMATION:

Mastercard _____ ViSA _____ DISCOVER _____

Card# _____ EXP _____ Security Code _____

Total Amount Charged _____ Name as it appears on card _____

Billing Address: _____

Payment by Check: _____ Make checks payable to: New Desire Christian Ministry

Mail payments to:

New Desire Christian Ministry
P.O. Box 918
Aragon, GA 30104

Please fax or mail the following forms ASAP:

1. Permission Slip
2. Registration Form