

GROUP REGISTRATION FORM

James Island Presbyterian Church
Mission House
Charleston, South Carolina

CONTACT INFORMATION

1. Organization _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____
Fax (____) _____
Web Site _____
2. Contact Person _____
Affiliation with Group _____
Home/Office Telephone (____) _____
Cell (____) _____
E-Mail Address _____

HOUSING REQUEST

1. Arrival Date _____
Approximate arrival time _____
2. Departure Date _____
Approximate departure time _____

PARTICIPANT INFORMATION

1. Projected number of adults _____
2. Projected number of youth (-18 years) _____

WORK PROJECT

1. Organization(s) your group will be working with during this trip:

PAYMENT INFORMATION

1. A \$150, non-refundable, deposit should be made payable to, and mailed, along with the signed group registration form, to:

James Island Presbyterian Foundation
Attn: David Hendricks
1242 Pauline Drive
Charleston, South Carolina 29412

Receipt of your deposit will confirm your registration request, subject to available room in the Mission House. Your deposit will be applied toward your total balance, payable upon arrival.

AUTHORIZATION

I authorized payment; I have read and agree to the policies and procedures for use of the Mission House; and I have read and agree to the child protective policies of the James Island Presbyterian Church.

_____ Printed Name, Group Representative

_____ Signature

_____ Date

_____ Amount Enclosed