

## Group Registration

*At this time, we would like to express our shared gratitude for your eagerness to be apart of an experience that is geared towards equipping, encouraging, enlightening, and empowering the youth of today. We hope that this step is only the beginning to what we hope to be an enjoyable, uplifting, and spiritually engaging experience. Be sure to add yourself to the Awestruck Mailing List at [www.awestruckfestival.com](http://www.awestruckfestival.com)! Also, inform your youth director about Project Awestruck and the Awestruck Experience for Youth Groups!*

<b>Group</b>		<b>E-mail Address</b>			<b>Leader's Name</b>		
<b>Address</b>			<b>City</b>		<b>State</b>		<b>Zip</b>
<b>Contact Person</b>		<b>Phone Number</b>		<b>Emergency Contact</b>		<b>Phone Number</b>	
<b>My congregation would love to donate to this cause!</b>							
<b>My group would be interested in attending the following breakout sessions if available</b>							
<b>Purity</b>		<b>Missions</b>		<b>Music</b>		<b>Relationships</b>	
<b>Popular Culture</b>		<b>Movies</b>		<b>Discipleship</b>		<b>My Community</b>	
<b>College</b>		<b>Media</b>		<b>Parents</b>		<b>Sports</b>	
(to vote, choose three)							
<b>I plan to attend the following Awestruck events:</b>							
#	\$\$	Event	Start Date	End Date	Price	Description	Open To
		Awestruck University	June 20	June 22	\$50	Servant Leadership Training	College Individuals
		Project Awestruck: Camp Construction 1	June 20	June 25	\$100	Camp Construction Service Project	High School Groups
		Project Awestruck: Community Service 1	June 22	June 25	\$50	Community Service Projects	High School Groups
		Awestruck Festival: Forever	June 25	June 27	\$60-\$80*	Music Festival with Outdoor Sporting Events, Camp Activities	All
		Project Awestruck: Camp Construction 2	June 27	July 3	\$100	Camp Construction Service Project	High School Groups
		Project Awestruck: Community Service 2	June 27	July 2	\$50	Community Service Projects	High School Groups
* Awestruck Festival: \$60 for Tent Camping Before March 1 <sup>st</sup> , \$70 After; \$70 for Cabin Before March 1 <sup>st</sup> , \$80 after!							
<b>How did you hear about Awestruck?</b>							
<b>Shirt Size</b>		<b>Number of Past Awestrucks?</b>			<b>Do you plan to stay in a cabin or a tent?</b>		
<b>Total Amount:</b>		<b>Date:</b>			<b>Cabin/Tent Placement (Awestruck Use Only)</b>		

## Individuals in Group

*IMPORTANT: Individual information is not needed until May 1<sup>st</sup>. There will be a \$5 fee per participant for those who miss the May 1<sup>st</sup> deadline. This is effective for all groups who sign up after May 1<sup>st</sup>. All participants are also required to fill out and submit a Camp Lakeview Medical Form with a copy of their Health Insurance Card, for safety purposes and Camp Lakeview use only. Group leaders should also keep a copy of these records during the Awestruck Experience. Copy this form as necessary.*

Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____	Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____
Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____	Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____
Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____	Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____
Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____	Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____
Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____	Participant's Name: _____ E-Mail: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Emergency Contact Person: _____ Phone Number: _____