

Week of Ministry Space Reservation Form For Summer Assembly-C.E. Summer Conference 2025

Please provide all of the information requested below. Send this form with your Registrations (including medical release and copy of insurance card), rooming assignment, roster, camp release, child protection form and payment made payable to "Christian Endeavor" to the address below.
Reserve early!!!

Church Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Church Phone Number: _____

Group Leader/Contact Person Name: _____

Group Leader/Contact Person Phone Number: _____

Is this number a cell phone number Yes No

If yes, may we send you text messages Yes No

If no, list your cell phone number if you wish to receive text messages: _____

Group Leader/Contact Person Email: _____

Registration Information

of Participants _____ x Registration Fee* \$ 390 = \$ _____

of M&Ms _____ x M&M Registration Fee* \$ 200 = \$ _____

* By April 30, 2025

Total Group Registration = \$ _____



Mail all documents and payment to:

Nancy Thompson
2969 Highpoint Road
Cochranville, PA 19330