

Breakaway Master Registration Form

Group Leaders, complete this email form and return no later than **March 23, 2017**, to piskerr@cmawpa.org. To register send a hard copy of the form to WPA C&MA District Office, 341 N Chestnut St., Punxsutawney, PA 15767, email a copy to piskerr@cmawpa.org, fax a form to 814-938-7528, or go online to www.cmawpa.org to use a credit card for payment. Make checks payable to the WPA District of C&MA and designate that the money is for Breakaway 2017.

Church Name: _____ Date: _____

Group Leader Name: _____

Mailing Address: _____

Email: _____ Phone: _____

- Cost is \$110 per person. A \$20 deposit for each person should accompany the registration form.
- Deadline: Registration forms and clearance forms must be sent to the District Office by March 23, 2017.
- No refunds will be issued.
- Cost of t-shirts will be \$15 each.
- Bring along a medical form for each student. (It is found at the bottom of the Breakaway student brochure.)
- Special Requests, diet, housing, etc: Contact Ruby by phone 814-938-6920 or email piskerr@cmawpa.org.

Attendance and Registration Costs:

- Number of people attending: Students: Male _____ Female _____ Counselors: Male _____ Female _____
Total number of students and counselors: _____
- Registration is \$110 per person: \$ _____ Minus deposit: \$ _____ Balance Due = \$ _____
- Pay the balance due at Breakaway, send the balance to the district office, or pay using a credit card.

No	Name	Student (M/F)	Counselor (M/F)	Emergency Phone Number
Ex.	Joe Smith	M	F	000-000-0000
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Thank you for registering for Breakaway 2017