



**GROUP REGISTRATION FORM**  
 Return via fax (314) 531-4785 or mail  
 Interfaith Partnership/Faith Beyond Walls  
 4144 Lindell Blvd. Ste. 221, St. Louis, 63108



**PART ONE – GENERAL INFORMATION**

Name of Religious Institution/Congregation:	
Faith Tradition:	
Mailing Address:	
Phone:	
Website (if applicable):	

**PART TWO – CONTACT INFORMATION**

Name:	
Title/Role:	
Phone Number: (Home, Office, Mobile)	
E-mail:	
Mailing Address:	

**PART THREE – GROUP INFORMATION**

Group Name: (i.e. Senior High Youth Group)	
Number of students participating:	
Number of adult chaperones:	

**Please enclose \$50 per person with registration.  
 Make checks payable to: Interfaith Partnership/ Faith Beyond Walls.**

We are able to provide transportation for our youth: YES  NO

Please check the week you prefer:	
June 8-12	<input type="checkbox"/>
June 22-26	<input type="checkbox"/>
July 6-10	<input type="checkbox"/>
July 20-24	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_