

Campus Challenge Group Registration

You must complete a Group Member form listing all members of the group!

Please type or print clearly!

Please complete entire form. Incomplete forms will be returned.

Group Name: _____ Number in Group: _____

Group Leader: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: (_____) _____ E-mail: _____

Local Wesleyan Church: _____ City: _____

Select the category your group is entering (one per registration form):

Vocal

Instrumental

Performing Arts

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Small Ensemble (2-8) | <input type="checkbox"/> Keyboard Group | <input type="checkbox"/> Instrumental & Vocal Combined (3-15) | <input type="checkbox"/> Dramatic Presentation Group |
| <input type="checkbox"/> Large Ensemble (9-16) | <input type="checkbox"/> Instrumental Small Ensemble (2-8) | <input type="checkbox"/> Instrumental Large Ensemble (9-16) | <input type="checkbox"/> Puppetry Group |
| <input type="checkbox"/> Choir (17+) | | | |
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Special setup needs:

Make check out to **Campus Challenge**.

You must complete a Group Member form listing all members of the group!

Please send this completed form with your registration fee to the address of your area.

Group Members

Group Name: _____

List all members of the group including group leader if he/she is a participant.

Please type or print clearly!

Please complete entire form. Incomplete forms will be returned.

Name: _____ Birth Date (mm/dd/yyyy): ____/____/____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

High School: _____ Graduation Year: _____

Local Wesleyan Church: _____ City: _____

Name: _____ Birth Date (mm/dd/yyyy): ____/____/____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

High School: _____ Graduation Year: _____

Local Wesleyan Church: _____ City: _____

Name: _____ Birth Date (mm/dd/yyyy): ____/____/____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

High School: _____ Graduation Year: _____

Local Wesleyan Church: _____ City: _____

Name: _____ Birth Date (mm/dd/yyyy): ____/____/____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

High School: _____ Graduation Year: _____

Local Wesleyan Church: _____ City: _____

Name: _____ Birth Date (mm/dd/yyyy): ____/____/____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

High School: _____ Graduation Year: _____

Local Wesleyan Church: _____ City: _____