arise
youth ministries

FIRM FOUNDATION REGISTRATION

Church Name _____

Address _____

_____

Youth Leader's Name _____

Email _____

Phone _____

Use this form for individual or group registration.
Use multiple pages if needed.

Return completed form with payment to:
ARISE Youth Ministries
Firm Foundation 2010
P.O. Box 2147
South Hamilton, MA 01982

Number of Attendees _____

Payment Included $ _____

Student Name	Email	Phone	Grade