



**Collision XI--July 31-August 2**

**Registration Form:**

Church Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Main: \_\_\_\_\_

**If registering 10 or more people, then 2 Chaperones (max) get in free.**

**# of Chaperones :  1 Chaperone  2 Chaperones**

**Number of paying Registrants: \_\_\_\_\_**

**Cost: \$85.00 per paying registrant**

Total amount: (# of paying registrants x cost) \$ \_\_\_\_\_

- **Please make checks payable to Trinity Christian Center**

Return this form and payment  
to:

**Trinity Christian Center  
Attn. Collision Conference  
3466 Hwy 112  
Forest Hill, LA 71430**

**To pay by credit card please register on [collisionconference.com](http://collisionconference.com)**