



Church Registration for Exhale 2011

Church Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Church Phone #: _____ Church Fax #: _____

Youth Pastor / Group Leader: _____

Leader's Cell: _____

Leader's E-mail: _____

Registration Pricing Information:

Number of Youth	Postmarked by February 28th	After February 28th or at the door
1 - 15	\$35	\$40
16 - 30	\$30	\$35
30 or more	\$25	\$30

***I am registering _____ students & leaders at the rate of _____ per person.**

***The total cost comes to _____ and the payment is enclosed.**

**All Registration is 100% refundable through February 28th. After February 28th, a 50% refund will be given upon request.*

To register, just mail this completed form with your check or money order to:

*Exhale Conference
c/o Melissa Comer
170 Starcadia Circle
Macon, GA 31210*

***All checks should be made payable to "Christ Chapel"**