REVIVE REGISTRATION FORM

Please complete Registration Form and send to:
Revive Events - PO Box 120424 - Nashville, TN 37212

First Name: **Last Name:**

Email:

Phone:

Description: Please circle those that apply to you.
Teacher, Youth Minister, Church Staff, Pastor, Youth/Church Volunteer, Student, Youth, Parent,
Other: _____

How Did You Hear About Us?

How Many People Are You Registering?

Please list name of attendees, age, grade ,and t-shirt size:
**Please include your info if you are attending.*
**If you are printing out this form and run out of room, please attach another page with additional info of each youth being registered.*

FIRST NAME	LAST NAME	AGE	GRADE	T-SHIRT SIZE

Church Name:

Church Address:

Church City:	**State:**	**Zip:**

Comments: