



St. Louis Christian College
Submerge Event – Church Registration Form
September 25-26, 2015

PLEASE BRING THIS COMPLETED FORM TO REGISTRATION along with a medical release form for EACH participant (sponsors and students).

Church Name: _____

Address: _____ City _____ ST _____ Zip _____

Contact Person (*person responsible for the youth*): _____

Contact Person's Email: _____ Contact Person's Phone Number: _____

Number of Adults Attending: _____

Number of Student Attending: _____

If you are staying in on campus housing, please complete the portion below:

Number of Male Adults Attending: _____ Number of Female Adults Attending: _____

Number of Male Students Attending: _____ Number of Female Students Attending: _____

Any questions, contact admissions@stlchristian.edu or (314) 837-6777x8110.

SLCC Usage Only:

Housing:	Berea	Rooms _____
	Bethesda	Rooms: _____
	Bethany	Rooms: _____

Total Registrations: _____

Payments Rec'd: _____
