



Church Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Please list the number of teams you wish to bring for each division:

	_____ Competitive		_____ Fun		
_____ New Church ONLY to IMPACT Registrations		x \$40	=		\$ _____
_____ Returning Church Football Registrations		x \$50	=		\$ _____
_____ Non-Football Participant		x \$20	=		\$ _____
_____ Friday Night ONLY Participant		x \$10	=		\$ _____
		Total Money Sent	=		\$ _____

Please mail this completed form and **ONE CHURCH CHECK (Payable to: Johnson University Florida)** to:

IMPACT
 Johnson University Florida
 1011 Bill Beck Blvd
 Kissimmee, FL 34744

DON'T FORGET TO REGISTER YOUR CHURCH AND TEAM ROSTERS ONLINE:

<https://johnsonu.edu/Florida/News-Events/Impact>

*Registration fees are transferable, but non-refundable

**In case of a rain-out \$10 of every player registration will be refunded