

YOUTH DAY REGISTRATION FORM

THURSDAY, FEBRUARY 28, 2008 – 8:30 am - 3:30 pm

ARCHDIOCESE OF LOS ANGELES – OFFICE OF RELIGIOUS EDUCATION

THERE IS NO REGISTRATION ON YOUTH DAY

1. A maximum of 10 students per form can be registered **with each paid Adult Chaperone** – all attending the same workshops.
2. Once the Registration Form has been mailed in, additional students cannot be added to it. Additional students require a new form AND another **paid Chaperone**.
3. YOUTH DAY FEE: \$20 per person (U.S. dollars only). After January 5, 2008 fee increases to \$25 per person.
4. NOTE: YOUTH DAY USUALLY FILLS TO CAPACITY AND CLOSSES BEFORE THE DEADLINE DATE. Youth Day Registration deadline is February 1, 2008. All registrations received after this date – **or after Youth Day fills to capacity** – will be returned.
5. Mail checks payable to: **RELIGIOUS EDUCATION CONGRESS**, PO Box 76955, Los Angeles, CA 90076-0955.
6. Total payment **must accompany this form**.
7. Tickets will be mailed after **January 31, 2008**. Please check your packet when you receive it, verifying that each Adult Chaperone and each student has his or her own tickets. Students must remain with their Adult Chaperones throughout the day.
8. Refunds must be requested in writing before January 5, 2008. Note: There is a \$5 **per person** refund processing fee.
9. REGISTRATION QUESTIONS? CALL (213) 637-7348 or (213) 637-7346.

Youth Day

PLEASE PRINT. INCOMPLETE FORMS WILL BE RETURNED.

Diocese _____
 Parish _____
 School/Org. _____
 City _____ State _____

– For Office Use Only –	
Stamp Number	_____
Date Received	_____
Total Registrants	_____
Check Number	_____
Total Amount	_____

CONTACT PERSON (If attending, please also include your name below as Chaperone or Registrant, whichever is applicable)

Name _____ Day Phone (____) _____
 Address _____ Eve. Phone (____) _____
 City _____ State _____ ZIP Code _____
 Email _____

SERVICES • Will anyone in your group require special services? Sign Interpreter Oral Interpreter Deaf-Blind Interpreter
 Assistive Listening Devices (ALDs) • Name of student/adult requiring assistance _____

ADULT CHAPERONE

_____	_____		\$20	\$25
_____	_____		By	After
			Jan. 5	Jan. 5
REGISTRANTS (print clearly; check if Adult)				
Adult? _____	First Name _____	Last Name _____		
<input type="checkbox"/>	_____	_____	\$40	\$50
<input type="checkbox"/>	_____	_____	\$60	\$75
<input type="checkbox"/>	_____	_____	\$80	\$100
<input type="checkbox"/>	_____	_____	\$100	\$125
<input type="checkbox"/>	_____	_____	\$120	\$150
<input type="checkbox"/>	_____	_____	\$140	\$175
<input type="checkbox"/>	_____	_____	\$160	\$200
<input type="checkbox"/>	_____	_____	\$180	\$225
<input type="checkbox"/>	_____	_____	\$200	\$250
<input type="checkbox"/>	_____	_____	\$220	\$275

}

Fees are an additional \$5 per person if postmarked after January 5, 2008.

Workshop Choice for Group:

1ST _____

2ND _____

3RD _____

– YOU MAY DUPLICATE THIS FORM –

Mail to: RELIGIOUS EDUCATION CONGRESS, PO BOX 76955, LOS ANGELES, CA 90076-0955