YOUTH DAY REGISTRATION FORM
THURSDAY, FEBRUARY 20, 2020

REGISTER ONLINE AT ARCHLA.ORG/ YDREGISTRATION

ARCHDIOCESE OF LOS ANGELES – OFFICE OF RELIGIOUS EDUCATION
A REMINDER: THERE IS NO ON-SITE REGISTRATION ON YOUTH DAY.

Youth Day

PLEASE FILL OUT FORM COMPLETLY.

Diocese _____

Parish/School _____

City _____ State _____ Country _____

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

CONTACT   (If attending, please also include your name below as a Chaperone.)

It is the responsibility of the Contact Person to ensure that all attending adults are in compliance with their Diocese's Safe Environment Policies and Procedures (fingerprinting/background checks).

Name_____ Cell Phone (_____)_____

Address_____ Alt Phone (_____)_____

City _____ State _____ ZIP Code_____

Email _____

SELECT TRACK

If a Track is not indicated, we reserve the right to make the assignment for your group.

❑ **TRACK 1**   ❑ **TRACK 2**

TRACK 1 SCHEDULE			TRACK 2 SCHEDULE	
7:30 am	Doors Open		7:30 am	Doors Open
8:00 am	Arena Session		8:15 am	Workshop 1
11:30 am	Lunch		9:15 am	Passing
1:00 pm	Workshop 1		9:45 am	Workshop 2
2:00 pm	Passing		10:45 am	Lunch
2:30 pm	Workshop 2		12:15 pm	Arena Session
3:30 pm	Dismissal		3:45 pm	Dismissal

TOTAL NUMBER OF BADGES

One Chaperone is required for up to every 10 youth. A quick rule of thumb is 10 percent of your group <u>plus one</u>. For example, a group of 50 attendees requires <u>six</u> Chaperones; a group of 86 would require <u>nine</u> Chaperones.

Quantity of YOUTH badges _____

Quantity of ADULT badges [ ][ ] > **Total** quantitiy of badges _____

Example [8][6] Your group requires 8 + 1 extra = 9 Chaperone badges

GROUP CHAPERONES

❑ **By checking this box, you are acknowledging that the Chaperones listed are at least 21 years of age and in compliance with your diocese's Safe Environment Policies and Procedures.**

First Name	Last Name	First Name	Last Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SERVICES   • Any special service needs? ❑ Sign Interpreter ❑ Assistive Listening Devices (ALDs) ❑ Wheelchair access

Number in group requiring assistance: _____

Mail form with check or money order to: RECONGRESS, PO BOX 761157, LOS ANGELES CA 90076-1157