

# YOUTH DAY REGISTRATION FORM

## THURSDAY, FEBRUARY 26, 2009 – 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, 2009 fee increases to \$25 per person.
4. NOTE: YOUTH DAY USUALLY FILLS TO CAPACITY AND CLOSES BEFORE THE DEADLINE DATE. Youth Day Registration deadline is February 1, 2009. 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, 2009**. 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, 2009. Note: There is a \$10 **per person** refund processing fee.
9. REGISTRATION QUESTIONS? CALL (213) 637-7348 or (213) 637-7346.

**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 \_\_\_\_\_  
 E-mail \_\_\_\_\_

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

}

**Fees are an additional \$5 per person if postmarked after January 5, 2009.**

**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