

NOW
REGISTER ONLINE
BY CREDIT CARD
RECongress.org/YD

YOUTH DAY REGISTRATION FORM

THURSDAY, MARCH 18, 2010 – 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 February 5, 2010 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 25, 2010. 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 **February 10, 2010**. 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 February 5, 2010. 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 _____	By Feb. 5	After Feb. 5
REGISTRANTS (print clearly; check if Adult)		
Adult? <input type="checkbox"/> First Name _____ Last Name _____	\$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 February 5, 2010.

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