



# YOUTH DAY REGISTRATION FORM

## THURSDAY, March 22, 2012 – 8:00 am - 3:45 pm

ARCHDIOCESE OF LOS ANGELES – OFFICE OF RELIGIOUS EDUCATION

**ONLY PRE-REGISTRATIONS ACCEPTED – NO REGISTRATION ON YOUTH DAY**

1. A maximum of 10 students per form can be registered **with each paid Adult Chaperone**. All must attend the same workshops. The first registration form for every group should have two Chaperones listed.
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**. Please be sure to **register all priests who will accompany your group**.
3. YOUTH DAY FEE: \$20 per person (U.S. dollars only). After February 4, 2012 the 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, 2012. 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. Name badges will be mailed after **February 10, 2012**. Please check your packet when it arrives, verifying that each Adult Chaperone and each student has his or her own name badge. Students **MUST** remain with their Adult Chaperones throughout the day.
8. Refunds must be requested in writing before February 4, 2012. Note: There is a **\$10 per registration** 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**

First Name	Last Name	\$20	\$25
		By Feb. 4	After Feb. 4
<b>REGISTRANTS (print clearly and check if Adult)</b>			
Adult? <input type="checkbox"/>	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 February 4, 2012.**

**Choice for Group:**  
**Track 1 or Track 2**

**Workshop choice:**  
 1ST \_\_\_\_\_  
 2ND \_\_\_\_\_

If track or workshop is not indicated, we reserve the right to make the assignments for your group.

**Please note:** It is unacceptable to cater lunch at Youth Day due to a liability issue for the Convention Center. There are many places through the Center to purchase food. People are invited to bring individual lunches, but catered meals (by restaurants or individuals) will not be allowed. Convention Center staff will ask these groups to leave the premises.

Mail to: RECONGRESS, PO BOX 76955, LOS ANGELES CA 90076-0955

– YOU MAY DUPLICATE THIS FORM –