



# YOUTH DAY REGISTRATION FORM

## THURSDAY, MARCH 21, 2019

**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.**

**PLEASE FILL OUT FORM COMPLETELY.**

Diocese \_\_\_\_\_  
Parish/School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

– For Office Use Only –

Stamp Number \_\_\_\_\_  
Total Registrants \_\_\_\_\_  
Check Number \_\_\_\_\_  
Total Amount \_\_\_\_\_

Youth Day

**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 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
12:45 pm	Workshop 1	9:45 am	Workshop 2
1:45 pm	Passing	10:45 am	Lunch
2:15 pm	Workshop 2	12 noon	Arena Session
3:15 pm	Dismissal	3:30 pm	Dismissal

**TOTAL NUMBER OF BADGES**

Quantity of youth badges \_\_\_\_\_  
Quantity of adult badges \_\_\_\_\_  
TOTAL NUMBER \_\_\_\_\_

**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