

**DEADLINE: FEBRUARY 20TH**



## ADULT REGISTRATION FORM (22 YEARS OLD AND OVER)

The early registration fee of \$81 per person **must** accompany this form to qualify for the reduced price. Late registrations **postmarked** after February 20th are \$85 per person. There will be **NO EXCEPTIONS**.

Parish: \_\_\_\_\_ Town: \_\_\_\_\_

### PRIMARY ADULT YOUTH MINISTER

Please **print clearly** and provide **all** requested information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Child Protection Policy Requirements Fulfilled (Y/N): \_\_\_\_\_

### OTHER ADULTS (22 years and over)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Child Protection Policy Requirements Fulfilled (Y/N): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Child Protection Policy Requirements Fulfilled (Y/N): \_\_\_\_\_

**Registered**

Total Number of Youth: \_\_\_\_\_

Total Number of Young Adults: \_\_\_\_\_

Total Number of Adults: \_\_\_\_\_

Enclosed Amount: \_\_\_\_\_

Make copies as needed. Please send us the original and retain a copy of each submitted for your records.