



# YOUTH DAY REGISTRATION FORM

**THURSDAY, MARCH 12, 2015 – 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 a Registration Form has been submitted, additional students cannot be added to it. Additional students require a new registration AND another paid Chaperone. Please be sure to register all priests who will accompany your group.
3. **YOUTH DAY FEE:** \$30 per person (U.S. dollars only). After January 23, 2015 the fee increases to \$35 per person.
4. **NOTE: YOUTH DAY USUALLY FILLS TO CAPACITY AND CLOSES BEFORE THE DEADLINE DATE.** The FINAL Registration deadline is February 14, 2015. All registrations received after this date – **or after Youth Day fills to capacity** – will be returned.
5. Total payment must accompany this form.
6. Mail checks payable to: RELIGIOUS EDUCATION CONGRESS, PO Box 76955, Los Angeles, CA 90076-0955.
7. **Name badges will be mailed after January 27, 2015.** Please check your packet when it arrives, verifying that each Adult Chaperone and each student has a name badge. Students **MUST** remain with their Adult Chaperones throughout the day.
8. Refunds must be requested in writing before January 23, 2015. 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 \_\_\_\_\_ Country \_\_\_\_\_

– 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 \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 E-mail \_\_\_\_\_

**SERVICES** • Any special service needs?  Sign Interpreter  Oral Interpreter  Assistive Listening Devices (ALDs)  
 Wheelchair access • Name of student/adult requiring assistance \_\_\_\_\_

**ADULT CHAPERONE**

	\$30	\$35
First Name _____ Last Name _____	By Jan. 23	After Jan. 23
<b>REGISTRANTS (print clearly and check if Adult)</b>		
Adult? <input type="checkbox"/> First Name _____ Last Name _____	\$60	\$70
<input type="checkbox"/>	\$90	\$105
<input type="checkbox"/>	\$120	\$140
<input type="checkbox"/>	\$150	\$175
<input type="checkbox"/>	\$180	\$210
<input type="checkbox"/>	\$210	\$245
<input type="checkbox"/>	\$240	\$280
<input type="checkbox"/>	\$270	\$315
<input type="checkbox"/>	\$300	\$350
<input type="checkbox"/>	\$330	\$385

**Fees are an additional \$5 per person if postmarked after January 23, 2015.**

**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 –