

# Diocesan Youth Conference

FEBRUARY 2-4, 2018

**Departure Location/Day/Time:** Sacred Heart Church / Fri, Feb 2nd / 4pm

**Return Location/Day/Approximate Time:** Sacred Heart Church / Sun, Feb 4th / 3:30pm

**Event Location/Address/Phone:** Augusta Marriott at the Convention Center / 2 Tenth St  
Augusta, GA / (706)722-8900

**Non-Refundable Early Bird Registration before Jan 1st:** \$200 (\$150 SH Life Teen Missionary)

**Non-Refundable Regular Registration through Jan 22<sup>nd</sup>:** \$225 (\$175 SH Life Teen Missionary)

**Meals Included:** All meals Saturday & breakfast on Sunday (bring \$ for Friday dinner)

## PLEASE PRINT INFORMATION CLEARLY

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender (check one):** Male \_\_\_ Female \_\_\_ **Grade:** \_\_\_\_\_

**Participant Contact #:** \_\_\_\_\_ **Participant e-mail:** \_\_\_\_\_

**Parent Contact #:** \_\_\_\_\_ **Parent e-mail:** \_\_\_\_\_

**Emergency Name and # (if parent is unreachable):** \_\_\_\_\_

### Check any areas that apply:

\_\_\_ Gluten Free    \_\_\_ Wheelchair Access    \_\_\_ Mobility Impaired

\_\_\_ Deaf/Hearing Impaired    \_\_\_ Visually Impaired

### List any food or other allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and agree to the non-refundable payment. I will ensure my teen is checked in with a chaperone and signs necessary paperwork before dropping him/her off. I will be drop off and pick up my teen at the designated time. I understand late arrival may result in my teen missing the trip. I further understand there may be unavoidable traffic delays on the return trip, but will be present to relieve chaperones on time.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

Date Received- \_\_\_\_\_ Amount Pd- \_\_\_\_\_

Check #- \_\_\_\_\_ Cash received- \_\_\_\_\_