

REGISTRATION

Diocesan Catholic Youth Conference (DCYC)



\$50.00 deposit due by December 15!

(Consent forms should be turned in, also)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ E-Mail: _____

Parish/School: _____

Date of Birth: _____ Male: _____ Female: _____

The deposit of \$50.00 is refundable IF the student attends the event. If the student cancels after registration, the deposit is forfeited. The CYM will cover the cost of the event for all attending active members of the Catholic Youth Ministry.

T-Shirt Size (adult sizes only):

S M L XL 2XL 3XL

Youth Minister: Lexus Mayorga Phone: 979-732-4420

For office use only:

Complete Registration Checklist: (Youth)

____ **Parental Consent and Medical Release Form (signed by Parent/Guardian)**

____ **Copy of Insurance Card**

____ **Deposit Received** ____ **Deposit Returned (if applicable)**