

CATHOLIC YOUTH LEADERSHIP CAMP

Upside-down Leadership \$15 per person

PARISH GROUP REGISTRATION FORM - PLEASE PRINT!

Sept. 7, Fredonia – Region 1
Please select the session your group will attend.
If your group cannot attend the session scheduled for your Region you may attend another session.

Parish Name & City: _____

Parish Adult Contact: _____ Phone: _____

YOUTH PARTICIPANTS:

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F Age: ____ Grade: ____

Address: _____ City & Zip _____

Phone: _____ Email: _____

ADULT PARTICIPANTS:

Name: _____ M or F

Address: _____ City & Zip _____

Phone: _____ Email: _____

Name: _____ M or F

Address: _____ City & Zip _____

Phone: _____ Email: _____

PLEASE RETURN THIS FORM & PAYMENT NO LATER THAN 14 days before the session you will attend. THANK YOU!