



2019 SVD YOUTH DAY CONFERENCE REGISTRATION FORM

(Please Complete and submit this form before August 24, 2019)

Registration Fee: \$20.00

(Address: HOLY GHOST CATHOLIC CHURCH. P.O. Box 1785 Or 747 N. UNION ST. OPELOUSAS, LA 70570)

PERSONAL INFORMATION

Youth Sizes: S_M_L_XL_2XL-3XL

Adult Sizes: S_M_L_XL_2XL-3XL

Name _____ T-Shirt Size _____

Address _____

Phone Number _____ Cell Number _____

E-mail address _____

Male/Female _____ Age _____ Grade _____ Work _____

PARENTAL INFORMATION

Parents/Guardian Name _____

Parents/Guardian Phone Number _____ Cell Phone _____

Parents/Guardian's E-mail Address _____

Food allergy: _____

As the parents or Guardian, we give permission to SVD Youth Day Conference host to take pictures/videos of our kids during the event.

CHURCH INFORMATION

Church _____

Town/City _____

Youth Director's Name _____ Cell Phone _____

Pastor Name _____ Phone Number _____

Note: Parish Youth Director or Pastor's signature must be obtained to complete registration process and to give permission to SVD Youth Day Conference host to take pictures/videos of their youths during the event with the consent of their parents.

Signature _____ Title _____