

# CATHOLIC YOUTH LEADERSHIP CAMP

*Upside Down Leadership* \$7 per person

PARISH GROUP REGISTRATION FORM - PLEASE PRINT!

- Aug. 28, Derby – Regions 4 & 5
  - Sept. 11, Parsons – Region 1
  - Sept. 18, Hutchinson – Regions 2 & 3
- 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: _____
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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 6 days before the session you will attend. THANK YOU!**