

Steubenville Youth Conference Registration Form - July 13-15, 2012

IGNITE Youth Ministry, York, PA — For students currently in Grades 8-12

PARTICIPANT INFORMATION

Participant's Name: _____

Address: _____

ZIP CODE PLEASE

Phone#: _____ Email: _____

School: _____ Grade: _____ Age: _____

Faith Denomination: _____ Parish Name & City: _____

Circle the # of times you have been to this conference before: 0 1 2 3 4 5 6 7 8 9 10+

What size T-shirts would you like? S M L XL XXL (all adult sizes)

Will your family be paying the full \$175.00 (\$135 after the \$40 deposit)? YES or NO (circle one)

If NO, how much of the total cost can you afford to pay (subtracting initial \$40 deposit): _____

PARENT INFORMATION (not necessary for chaperones)

Mother's Name: _____ Daytime Phone #: _____

Address (if different than participant): _____

Mother's E-mail Address: _____

Faith Denomination: _____ Church Name & City: _____

Father's Name: _____ Daytime Phone #: _____

Address (if different from participant): _____

Father's E-mail Address: _____

Faith Denomination: _____ Church Name & City: _____

COMMITMENT STATEMENT

I, _____, parent/legal guardian of _____, do hereby attest that both myself and my child have read all of the information concerning registration for and participation in the **Steubenville Youth Conference on July 13-15, 2012 "The Eighth Day"** in Steubenville, Ohio with the IGNITE Youth Ministry of St. Joseph & St. Patrick parishes in York, Pennsylvania. I understand that in order for my child to attend this conference, **we must be committed to paying all fees on time, attending all mandatory meetings and participating in all necessary fund-raisers.** I also understand that the deposit is nonrefundable and that any additional fees paid will become nonrefundable after April 22, 2012.

Signature of Parent/Legal Guardian (required for registration)