STEUBENVILLE WEST
REGISTRATION FORM & PAYMENT INFORMATION
JULY 20-22, 2012

1. GROUP LEADER'S INFORMATION:

Group Leader's Name: _____

Parish Name: _____

Diocese: _____

Parish Address: _____

City: _____ State: _____ Zip: _____

Contact Number: (_____) _____

Email Address: _____

** You must provide an email address. Event updates will be sent via email.*

I have read, understand, and agree to all general policies including the refund policy as outlined in the registration packet.

_____

Group Leader's Signature (required) Date

2. REGISTRATION FEES:

In order to make a reservation, a **$35.00 non-transferable, non-refundable** deposit is due for each attendee prior to June 1, 2012. ** Priests hearing confessions during the conference will NOT be charged a deposit or registration fee.*

COSTS:

☐ Registration **BEFORE** June 1, 2012 **$165.00**

(A **$35** deposit per person may be submitted to hold spots. Remaining payment of **$130** per person must be received by **June 1, 2011** or spots will be forfeited.)

☐ Registration **AFTER** June 1, 2012 **$180.00**

*(Any new registrations made **after June 1st must pay the full amount of $180.00**)*

**** ALL PAYMENTS ARE DUE BY JUNE 15, 2012***

3. WHO IS ATTENDING?

Each group attending must have one adult for every six youth. Youth MUST be high school age from incoming freshman to outgoing seniors.

Male Adults: _____ Female Adults: _____

Male 18 yr old: _____ Female 18 yr old: _____

Male Youth: _____ Female Youth: _____

Priests: _____ **GROUP TOTAL:** _____

Special Dietary Needs: _____

Medical Needs: _____

FOR OFFICE USE ONLY

Date Received: _____ Post Mark: _____

Confirmation Email Sent: _____

4. PAYMENT INFORMATION:

REGISTRATION FEES:

*Do not include your priest in this fee

		#		**BEFORE** June 1st	**AFTER** June 1st		
Fill out both	Deposit Due		X	$35	No Deposit Option	=	$
	Balance Due		X	$130	$180	=	$
					Group Total	**$**	

T-Shirts		X	$12	=	$

Total Amount $

Shirt Sizes: S____ M____ L____ XL____ XXL____

☐ **CHECK IS ENCLOSED FOR $** _____

- Please make checks payable to ***Steubenville WEST/Life Teen***
- Please be sure to include group leader's name on all payments

☐ **CREDIT CARD PAYMENTS** Amt to charge **$** _____

Circle one: Visa MC AmEx Discover

Card Number: _____

Name on Card: _____

Exp. Date: _____

Credit Card Billing Zip Code: : _____

SEND THIS FORM ALONG WITH YOUR PAYMENT TO:
(please remit a copy of this form with each payment)

Life Teen, Inc.
6105 Blue Stone Rd., Suite B
Atlanta, GA 30328

DO NOT FAX ANY FORMS

CANCELLATION POLICY: $35 deposits are nonrefundable/ nontransferable. If information and payment is not received by **June 15, 2012**, all spots will be forfeited.