

**REGISTRATION FORM**  
**2017 Diocesan High School Youth Retreat**  
**April 28-30, 2017**  
**Deadline by: April 17<sup>th</sup>**

**Please send this form along with all Participants' Parent Consent Forms & Waivers**

PARISH OR SCHOOL: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ E-MAIL \_\_\_\_\_  
TITLE: \_\_\_\_\_ PHONE \_\_\_\_\_

Number of Students \_\_\_\_\_ @ \$95.00 = \$ \_\_\_\_\_  
(If bringing a group of 5 or more) \$80.00 = \$ \_\_\_\_\_

Number of Adults \_\_\_\_\_ @ \$95.00 = \$ \_\_\_\_\_  
(Minimum 1 adult for every 6 students)

Total Attending: \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

**Registration Includes:**

- Conference
- Meals
- Lodging

**Transportation is not included!**

**PLEASE LIST ALL ADULTS ATTENDING BELOW:**

**Please remember that all adults must be 21 years or older and in compliance with our Diocesan Safe Environment Policy. To be in compliance requires three parts:**

- 1. Cleared background check    2. Signed diocesan policy    3. Successfully completed Virtus**

ADULT NAME: \_\_\_\_\_ Gender \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ Special Needs \_\_\_\_\_ Shirt Size \_\_\_\_\_  
1. Cleared background check Y or N    2. Signed diocesan policy Y or N    3. VIRTUS trained Y or N

ADULT NAME: \_\_\_\_\_ Gender \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ Special Needs \_\_\_\_\_ Shirt Size \_\_\_\_\_  
1. Cleared background check Y or N    2. Signed diocesan policy Y or N    3. VIRTUS trained Y or N

\* As the contact person for my group, I verify that the above named adults are in full compliance with our Diocesan Safe Environment requirements.    Signature: \_\_\_\_\_    Date: \_\_\_\_\_

IF YOU ARE REGISTERING MORE ADULTS FROM YOUR PARISH OR SCHOOL, PLEASE CLIP OR STAPLE ADDITIONAL FORMS TO THIS ONE. IT IS NOT NECESSARY TO FILL OUT THE GROUP INFORMATION MORE THAN ONCE.

Return To: Diocese of Wheeling-Charleston  
Attn: Heather Bise  
P.O. BOX 230  
Wheeling, WV 26003

**ADD STUDENTS  
NAMES ON THE BACK**

**Students Name:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_  
**Age at time of event** \_\_\_\_\_ **Year in School** \_\_\_\_\_ **Special Needs** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_  
**Age at time of event** \_\_\_\_\_ **Year in School** \_\_\_\_\_ **Special Needs** \_\_\_\_\_

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