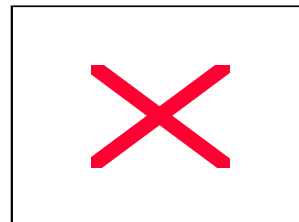




# STEUBENVILLE ATLANTA REGISTRATION FORM & PAYMENT INFORMATION JULY 16-18, 2010



**1. Group Leader's Information**

Group Leader's Name: \_\_\_\_\_

Parish Name: \_\_\_\_\_

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

**For office use only:**

Date Received: \_\_\_\_\_

Confirmation Email Sent: \_\_\_\_\_

**2. Registration Fees:**

In order to make a reservation, a **\$45.00 non-transferable, non-refundable deposit** is due for each attendee. *Priests hearing confessions during the conference will NOT be charged a deposit or registration fee.*

**COSTS:**

- Pay in full by May 15, 2010 → \$145.00
- Pay after May 15, 2010 → \$165.00  
(ANY NEW REGISTRATIONS MADE AFTER MAY 15<sup>TH</sup> MUST PAY THE FULL AMOUNT OF **\$165.00**)

**ALL PAYMENTS ARE DUE BY JUNE 15<sup>TH</sup>, 2010**

**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 Youth: \_\_\_\_\_ Female Youth: \_\_\_\_\_

Priests: \_\_\_\_\_

Group Total: \_\_\_\_\_

**Special Needs:**

\_\_\_\_\_

\_\_\_\_\_

**4. Payment Information:**

**Registration Fees**  
Please do not include your priest in this fee

Deposit Due:		X	\$45	=	\$
Balance Due (Before May 15):		X	\$100	=	\$
Balance Due (After May 15):		X	\$120	=	\$
Group Total:				=	\$

**Additional Fees**

Conference T-shirts:		X	\$12	=	\$
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Shirt Sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

<b>Total Amount:</b>		=	\$
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**Check is enclosed for \$** \_\_\_\_\_

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

**Credit Card Payments**

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 c/o First Pro  
Attn: Steubenville ATL  
5607 Glenridge Dr, 3rd Floor  
Atlanta, GA 30342

**DO NOT FAX ANY FORMS**

**Cancellation Policy: Final payments and forms are due no later than June 15, 2010. If information and payment is not received, all spots will be forfeited.**