

# Know Love Serve

*celebrating Catholic Youth Ministry*

## Registration Form

Please list all attendees on this form. Send this form with registration fees and *completed* Permission Slips (*with original signatures*) to:

Diocesan Youth Congress, Youth, Young Adult & Campus Ministries,  
631 Market Street  
Camden, New Jersey 08102

Submit ONE CHECK payable to Diocese of Camden.  
Please make additional copies of this form as needed.

**Deadline – Friday, April 4, 2014**

PLEASE PRINT OR TYPE

Parish \_\_\_\_\_

Parish Group Leader (over age 22) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

<b>Youth Registrations (Grades 8-12)</b>			Office Use Only
Name	Age	Grade	Permission Slip/Medical Release?

**Youth Registrations (Grades 8-12)**

Office Use  
Only

Name	Age	Grade	Permission Slip/Medical Release?

**Adult Registrations**

Please list names of adults attending.


\_\_\_\_\_  
Signature of Parish Youth Director

\_\_\_\_\_  
Signature of Parish Group Leader (if different)

**For Office Use Only**

Date Received \_\_\_\_\_ Cost per Person \_\_\_\_\_  
# Youth Registrations \_\_\_\_\_ # Adult Registrations \_\_\_\_\_  
Total Amount Due \_\_\_\_\_ Amount Received \_\_\_\_\_