

## Catholic Conference & Service Camp Tampa, FL + June 10-16, 2019

## **REGISTRATION FORM**

Participant Name		
Street Address		
City	State	Zip Code
Phone Number		
EMail		
Participant Age on Trip Da		
Parent Name(s)		
Parent Phone Number(s)		
Parent Email(s)		
I have read the attached list of requirements and expectations for the 2019 Catholic Conference and Service Camp in Tampa, FL, June 10-16, 2019. I understand my responsibilities to the group and that my financial obligations must be paid by the due dates listed below. I understand that I need to follow the rules set by the group, or I will be sent home at my parents' expense. I understand that in the event that I change my mind prior to May 1st and do not participate in the trip, my initial deposit of \$100 is non-refundable. After May 1st, no monies are refundable.		
PARTICIPANT SIGNATURE		DATE
PARENT SIGNATURE		DATE
Any questions? - Please contact Desma Cowhill - (772) 678-2941 or hsyg@holyredeemercc.org		
The total cost per person for the trip will be camp, all programming (speakers, musicia credit by participating in fundraisers. Registasis. Initial registration must be accompasted additional payments will be due on or before "Holy Redeemer Catholic Church" and writ	ns, staff, etc.), T-shir stration is on a first-c inied by a \$100 depo re February 1 and Ma	t and bag. Participants may earn trip ome-first-served and space-available sit in order to hold your spot. Two arch 1, 2019. Make checks payable to
Pagiatratian Data	¢100 Deposit	Chaok Number
Registration Date	\$100 Deposit	
•	nt or Credit Earned	
March 1, 2019 \$350 Balance Due Le	SS Cieuil Baiailce	Check Number