



STEUBENVILLE ATLANTA REGISTRATION FORM & PAYMENT INFORMATION JULY 17-19, 2009



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

2. Registration Fees:

In order to make a reservation, a **\$35.00 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.*

***Prepay Special:** Pay **in full** by May 15, 2009 and the registration fee is \$135/person. After this date, it is \$155/person.

- Pay in full by May 15, 2009 → \$135.00
- Pay after May 15, 2009 → \$155.00

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:

For office use only:

Date Received: _____

Confirmation Email Sent: _____

4. Payment Information:

Registration Fees
Please do not include your priest in this fee

Deposit Due:		X	\$35	=	\$
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 ___

Total Amount:	=	\$
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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, 2009. If information and payment is not received, all spots will be forfeited.