

## November 22-24, 2019

# SOMETHING BEAUTIFUL

Luke 23:35-43

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

Diocese: \_\_\_\_\_

Parish/Group Name/ Organization: \_\_\_\_\_

Parish/Group E-mail Address: \_\_\_\_\_

Total # of Priests attending: \_\_\_\_\_ (see priest form)

Total # Attendees Requiring Special Assistance:

\_\_\_\_\_ Special Needs \_\_\_\_\_ Wheelchair/Physically Challenged

- NOTE: With the exception of Group Leaders, ALL cell phones MUST be turned OFF at all times during conference activities. If you are expecting a call, please let one of the hospitality or staff members know at time of registration or before conference activities. Out of respect for all participants, if a staff member sees a participant using a cell phone, iPod/iPad, etc. it will be confiscated and their Group Leader may pick it up at the end of the day.
- Please submit a list of ALL cell phone numbers that will be with you during the conference.

### IMPORTANT INFORMATION:

1. Please TYPE or PRINT clearly
2. State if any of your attendees require special assistance.
3. Your original written signature is required.
4. NO REFUNDS
5. Please make checks payable to:  
**St. Pius X Youth Conference**
6. Return this form along with payment to:

Beatriz Benitez OR  
14751 Gateway Blvd. West  
El Paso, Texas 79928  
(915) 727-5533

Lupe Clemente  
9024 El Dorado  
El Paso, Texas 79925  
(915) 867-4252

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

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Leader's Phone Numbers: Day #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

### Registration fee:

Total # of YOUTH \_\_\_\_\_

Total # of ADULTS \_\_\_\_\_

Total Attendees \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_ (A)

### Conference T-Shirts (Pre-Orders):

Qty: \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_ (B)

Size	Qty	Size	Qty	Size	Qty
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Small	_____	Medium	_____	Large	_____
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X-large	_____	XX-Large	_____	XXX-Large	_____
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### Total Amount Due:

\$ \_\_\_\_\_ (A+B)

Method of Payment: Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

**MAKE ALL PAYMENTS PAYABLE TO: ST. PIUS X YOUTH CONFERENCE**

I understand and agree to the following:

- ALL payments are non-refundable
- ALL payments returned from the bank for any reason, will be assessed a \$25.00 returned check fee. It is solely my responsibility to secure payment in full including any additional fees within 10 days.
- All payment should be made with one check or money order at time of registration.
- It is my responsibility to acquire all parent consent forms as required by your diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Diocese: \_\_\_\_\_

Group Name/ Organization: \_\_\_\_\_ Group Leader's name: \_\_\_\_\_

**YOUTH ATTENDEES:**

MALE ATTENDEES			
Name		Reg Form	T Shirt
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

FEMALE ATTENDEES			
Name		Reg Form	T Shirt
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

**ADULT ATTENDEES:**

Name		Registration Form	T-Shirt	Chaperone Guidelines
1				
2				
3				
4				
5				
6				
7				
8				