

2007 HIGH SCHOOL YOUTH CONFERENCE REGISTRATION FORM

PLEASE SEE THE PAYMENT INFORMATION AND REFUND POLICY.

- I have read & understand all policies as outlined in the *On-Campus Youth Conference Registration Materials* found on the website at www.franciscanyouth.com, and I have or will share this information with all Adult Chaperones attending with my group.

_____ (GROUP LEADER SIGNATURE)

Which Conference would you like to attend:

Steubenville 1 (HS1) _____ June 15-17, 2007	Steubenville 2 (HS2) _____ June 22-24, 2007	Steubenville 3 (HS3) _____ June 29 - July 1, 2007	Steubenville 4 (HS4) _____ July 13-15, 2007
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HOUSING:

- Please arrange housing for me in the dorms on-campus.
-OR-
 I will arrange my own housing. **(A discount of \$15 per person is given in this case; however, groups are responsible for their own transportation to/from campus.)**

GROUP LEADER INFORMATION:

(Title) _____ (First Name) _____ (Last Name) _____
 Church/Organization Name _____
 Address _____
 City _____ State/Prov _____ Zip/PC _____ Country _____
 Day Phone () _____ Evening Phone () _____
 E-mail Address _____

PAYMENT INFORMATION:

- A) # of Spots Requested for Priests: _____ (No charge)
 B) # of Spots Requested for both Youth & Adults: _____ x \$30 = \$ _____
(This is the initial non-refundable deposit that MUST accompany this registration form.)
 C) Total Number of Spots requested (A + B): _____ (Priests, the Group Leader, all Adult Chaperones and Youth)

Select One:

- Remaining Balance Due for on-campus housing: (same as B above) _____ x \$120 = \$ _____
 Remaining Balance Due for off-campus housing: (same as B above) _____ x \$105 = \$ _____
*(This is the remaining balance due no later than **May 18, 2007**. After this date, your account will be assessed a 10% late fee on the remaining balance. Failure to pay your entire balance due will result in the forfeiture of your registration at the youth conference and exclusion from future youth conferences.)*

METHOD OF PAYMENT (must be in U.S. funds; sorry, we cannot accept debit cards):

- Check/Money Order #: _____ (Please make Checks payable to FUS COO)
 MC / VI / DC (circle one) Name as it appears on card: _____

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Amount to be charged to card \$ _____ Signature: _____
(I authorize Franciscan University of Steubenville to charge my credit card.)

Please mail completed registration forms to: **Christian Outreach Office, 1235 University Blvd., Steubenville, OH, 43952**
 We are unable to accept any faxed registrations.

A/R Use Only:	Batch# _____	Auth# _____	Date _____	Initials _____
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