

The Diocese of Virginia

Parish Youth Ministries 6th and 7th Grade Weekend Application Form

November 7-9, 2008 ♦ Shrine Mont, Orkney Springs

Adults and youth must register.



Please give this form to your youth advisor with the check. Youth must be accompanied by an adult.

Name: _____

Address: _____

City/State/Zip: _____

e-Mail: _____

Home phone: (_____) _____ Date of birth: _____

Date of last Tetanus: _____

Gender _____ T-shirt size: (Please Circle) small medium large

Church name and location: _____

Name of accompanying adult: _____

Any special physical or dietary needs _____

Make check payable to the Diocese of Virginia. Enclose a \$50 non-refundable deposit per participant and mail to:

The Diocese of Virginia
Attn: Program Office, c/o Anna Moncure
110 West Franklin St.
Richmond, VA, 23220-5095.

The weekend is \$150 for ALL participants. Scholarships are available as needed.

Registration will be cut off on November 3. No late registrations will be accepted.

Adult Advisors: Please send a list of the youth for whom you will be responsible at this event along with your registration. No room requests unless medical conditions make this necessary.

Medical Release Form for Minors

To be printed out and signed

I hereby give my permission for my child to attend the Diocese of Virginia's 6th and 7th Grade Weekend at Shrine Mont, and in the event of an accident or illness, to receive emergency medical treatment as deemed necessary by a licensed physician.

Signature (to be signed by parent/guardian of all conference participants)

home _____ cell _____ work _____

Contact numbers for parent(s)

Insurance company and policy number

Emergency contact

home _____ cell _____ work _____