

DIOCESE OF BAKER
SPRING YOUTH CONFERENCE
BREAD OF LIFE 2008

Registration Form

to be completed (with Medical Release form)
and returned with \$50 fee by April 16, 2008, to:
Diocese of Baker, Bread of Life
PO Box 5999
Bend, OR 97708

Name _____ M ___ F ___

Address _____

City _____ State _____ Zip _____

Phone number _____ Email _____

Parents'/Guardian names _____

Birthday _____ T-Shirt size (circle) S M L XL

Parish _____

Priest _____

Youth Minister _____

Youth: By signing this registration form, I understand the behavioral expectations (i.e. I will not use or be in possession of alcohol/tobacco/drugs for the duration of the weekend; I will not engage in inappropriate conduct with members of the opposite sex; I will not use inappropriate language or tell inappropriate jokes; etc.). I will also dress modestly and not wear inappropriate clothing.

Parent/Guardian: By signing this registration form, I understand that if my child is found in violation of the behavioral expectations and needs to leave the retreat, I will pick him/her up.

Youth Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Youth Minister Signature _____ Date _____

Priest Signature _____ Date _____