Diocese: Copy

PARISH _____

DIOCESE OF BEAUMONT YOUTH CONVENTION

-INDIVIDUAL REGISTRATION FOR YOUTH, ADULT & CLERGY-

PARTICIPANT NAME: _____ NAME FOR BADGE: _____
First Last

ADDRESS _____CITY _____ZIP ____

HOME PHONE _____ EMAIL _____

DATE OF BIRTH _____ GENDER: MALE FEMALE

GRADE IN FALL: ☐ **9** ☐ **10** ☐ **11** ☐ **12** ☐ **2020 GRAD.** ☐ **ADULT** ☐ **RELIGIOUS/CLERGY**

T-SHIRT SIZE: ☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **2XL** ☐ **3XL** ☐ **4XL**
(Adult sizes only)

☐ **Circle** one of the following if you desire **vegetarian** or a **gluten free** banquet meal – *FREE (no extra charge)*

☐ Special Needs: _____

_____
(i.e. mobility impaired, wheel chair accessibility, hearing impaired, visually impaired, etc.)

Completed registration must include:

- ☐ This Registration Form (youth and adult)
- ☐ COPY of Diocesan J-h Youth Medical Liability Waiver (youth)
- ☐ COPY Medical Insurance Card (front & back)
- ☐ COPY of Diocesan Code of Conduct signed

*****Parish Youth Minister must ALSO keep a copy of the J-h Medical Liability Waiver, Medical Insurance Card and J-I Universal Field Trip form for each youth at convention.***