

**Parish / Group Registration  
National Catholic Youth Conference  
November 14-17, 2024**

Parish / Group Registration Form \_\_\_\_\_

Name of Parish / Group Registering \_\_\_\_\_

Contact Group Leader's Name \_\_\_\_\_

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

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

Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

---

**I have read, understand, and agree to all general policies,  
including the refund policy, as outlined  
in the registration information and all chaperone policies.**

---

**Group Leader Signature**

**Date**

---

**Conference Registration**

**Total # of Youth & Adult Spaces You Are Registering \_\_\_\_\_ x \$1200= \_\_\_\_\_**  
**(LESS) Non-Refundable Deposit Per Person Registering \_\_\_\_\_ x \$300= ( \_\_\_\_\_ )**  
**Remaining Balance Due \_\_\_\_\_**

**Mail Registration Form to: Archdiocese of Denver  
Office of Evangelization & Family Life Ministries  
1300 South Steele Street  
Denver, Colorado 80210**