

**Individual Registration**  
**National Catholic Youth Conference**  
**November 14-17, 2024**

Participants Name \_\_\_\_\_

Name of Parish \_\_\_\_\_

Grade for 2024-2025 School Year \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

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Parent/Guardian Signature

Date

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**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