

**SCRC  
REGISTRATION**

CT Pastoral Track registrants indicate:

☐ Clergy (Church/City) \_\_\_\_\_☐ Healthcare Professional (Field/Place of Employment) \_\_\_\_\_☐ Lay Leader (attaching resume for Pastoral Track consideration)**1st Registrant**

Print name as you would like it to appear on your name badge

**SPOUSE**

Print name as you would like it to appear on your name badge

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Regular Talks	Friday Sessions		Saturday Sessions		Sunday Sessions	
	1st Choice	2nd Choice	1st Choice	2nd Choice	1st Choice	2nd Choice
Enter letter of desired talks	1 - _____	1 - _____	4 - _____	4 - _____	8 - _____	8 - _____
	2 - _____	2 - _____	5 - _____	5 - _____	9 - _____	9 - _____
	3 - _____	3 - _____	6 - _____	6 - _____	10 - _____	10 - _____

GENERAL Christ Triumphant		PASTORAL CT TRACK FULL
FULL WEEKEND	ONE DAY	HERE <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Fri. <input type="checkbox"/>	
	Sat. <input type="checkbox"/>	
	Sun. <input type="checkbox"/>	

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Regular Talks	Friday Sessions		Saturday Sessions		Sunday Sessions	
	1st Choice	2nd Choice	1st Choice	2nd Choice	1st Choice	2nd Choice
Enter letter of desired talks	1 - _____	1 - _____	4 - _____	4 - _____	8 - _____	8 - _____
	2 - _____	2 - _____	5 - _____	5 - _____	9 - _____	9 - _____
	3 - _____	3 - _____	6 - _____	6 - _____	10 - _____	10 - _____

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<input checked="" type="checkbox"/>	Fri. <input type="checkbox"/>	
	Sat. <input type="checkbox"/>	
	Sun. <input type="checkbox"/>	

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone Hm ( ) \_\_\_\_\_ Wk ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

New Address? *If YES, please list former zip code* \_\_\_\_\_Help SCRC Go Green! I would like to receive the SCRC SPIRIT Newsletter: **by Email** ☐ (Provide Email above) **US Mail Preferred** ☐**CHILDREN • TEENS ~ Ages 5-17 MUST Register**

First Name	Last Name	Age	Grade	Program Code

**Enter Code** Program Codes: TC.....Teen Conference (grades 6\*-12) \*Parents may enroll 6th Graders in either CP or TC.  
 Grade Attending Fall 2012 CP.....Children's Program (grades K-5)

**Responsibility/Medical Agreement** Parent/Adult Chaperone assumes full responsibility of their child/teen when child/teen programs are not in session. If a medical emergency should arise while a child/teen is participating in the program, the on-duty Convention Center nurse will be available to determine appropriate medical care for the child/teen. Any costs incurred in obtaining said medical care shall be the sole responsibility of the parent/legal guardian. If a child/teen does not attend the entire child/teen program, SCRC assumes no responsibility for their safety, actions or whereabouts.

**Cell Phone Contact# for Parent/Legal Guardian** ( ) \_\_\_\_\_

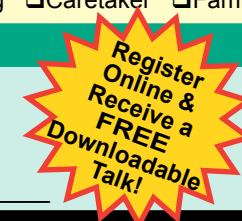
**Parents Please sign** \_\_\_\_\_

Required parent/legal guardian signature \_\_\_\_\_ date \_\_\_\_\_

**ARENA FLOOR LEVEL SEATING** (Self Seating)During Liturgies & General Assemblies, "Floor Level Seating in Arena" is set aside for the following special needs. Check as applies: ☐ Seniors ☐ Walking/Stair Difficulty ☐ Wheelchair ☐ Blind ☐ Deaf (ASL)Name(s) of those with special needs \_\_\_\_\_ Caretaker's Name (Must register for Convention): \_\_\_\_\_ ☐ Hard of Hearing ☐ Caretaker ☐ Family w/stroller**PAYMENT**☐ Check or Money Order: Payable to SCRC. Mail with registration form to: SCRC Convention • 9795 Cabrini Drive • Ste. 208 • Burbank, CA 91504☐ Credit Card: Mail or FAX to (818) 771-1379. ☐ Visa ☐ MasterCard ☐ AmericanExpress ☐ Discover

Credit Card # \_\_\_\_\_

Credit Card Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

**REFUND POLICY**

Refund requests must be in writing. Unused tickets must be mailed with requests. Requests must be postmarked by 8/13/12. \$20 processing fee per form.

VOLUNTEER SERVANTS OF CHRIST	REGISTRATION FEES Thru August 13	AFTER AUGUST 13	
<p>☺ Assistance is needed in the following areas ☯</p> <ul style="list-style-type: none"> <li>• Usher at Mass • Registration • Badge Checker</li> <li>• Bookstore cashier/bagger</li> <li>• Eucharistic Minister *(send copy of certification)</li> </ul> <p><b>*NOTE to EMs:</b> Since we never know how many Priests &amp; Deacons will be at each Mass, EMs serve on an "as needed basis". Please go to Sacristy 1/2 hour before Mass to offer assistance as needed. Thank You!</p> <p>Discounts or fee waivers are no longer available for the above areas of service.</p> <p>Name: _____</p> <p>Position: _____</p> <p>Orientation Day is August 4 Notices will be sent.</p> <p>Questions? scrcvents@scrc.org or (818) 771-1361, ext. 301</p>	<p>Regular Weekend (2 or 3 days) - Talks B-F only (incl. Talk 4-GA)..... @ \$80 per adult \$ _____</p> <p>Regular One Day ONLY - Talks B-F only (incl. Talk 4-GA)..... @ \$56 per adult \$ _____</p> <p>Christ Triumphant: General Track (2 or 3 days) (CT Guidelines read) @ \$100 per adult \$ _____</p> <p>Christ Triumphant: One Day (General Track only) (CT Guidelines read) @ \$70 per adult \$ _____</p> <p>Christ Triumphant: Pastoral Track (CT Guidelines read) @ \$100 per adult \$ _____</p> <p>Teen Conference (2 or 3 days)..... @ \$53 per teen/chaperone \$ _____</p> <p>Teen Conference (Sat. ONLY)..... @ \$40 per teen/chaperone \$ _____</p> <p>Children's Program (Grades K thru 5, Sat. &amp; Sun. ONLY)..... @ \$42 per child \$ _____</p> <p>Vietnamese Talks (Sat. ONLY)..... @ \$20 per adult \$ _____</p> <p>Vietnamese: Full Weekend (Sat. Vietnamese Talks + Fri. &amp; Sun Talks B-F)..... @ \$80 per adult \$ _____</p> <p>Young Adult Saturday Night Social..... @ \$10 per young adult \$ _____</p>	<p>@ \$90 per adult \$ _____</p> <p>@ \$66 per adult \$ _____</p> <p>@ \$115 per adult \$ _____</p> <p>@ \$80 per adult \$ _____</p> <p>@ \$115 per adult \$ _____</p> <p>@ \$63 per teen/chaperone \$ _____</p> <p>@ \$40 per teen/chaperone \$ _____</p> <p>@ \$52 per child \$ _____</p> <p>@ \$20 per adult \$ _____</p> <p>@ \$90 per adult \$ _____</p> <p>@ \$10 per young adult \$ _____</p>	
	PLEASE SEND ME:	Donation to support the SCRC Ministry..... \$ _____	Donation to support the SCRC Ministry \$ _____
	# Registration Brochure(s)		
	# Teen Flyer(s)		
	# Advertisement Flyer(s) for Parishes		
		<b>TOTAL (thru August 13):</b> \$ _____	<b>(after August 13):</b> \$ _____