



SCRC CONVENTION REGISTRATION

1st Registrant – Print name as you would like it to appear on your name badge

2nd Registrant – Print name as you would like it to appear on your name badge

First Name _____ Last Name _____ First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

New Address? If YES, please list former zip code _____ Hm Phone () _____ Cell () _____ Email _____

Enter letter of desired talks	Friday Sessions		Saturday Sessions		Sunday Sessions	
	1st Choice	2nd Choice	1st Choice	2nd Choice	1st Choice	2nd Choice
1 -	1 -	4 -	4 -	8 -	8 -	
2 -	2 -	5 -	5 -	9 -	9 -	
3 -	3 -	6 -	6 -	10 -	10 -	
		7 -	7 -			

'S' TALK TICKET PRICES

'S' Talks are part of the special Christ Triumphant Track.

If you choose any of the individual 'S' Talks, the weekend ticket price is an additional \$23. A one-day ticket with any 'S' Talk is an add'l \$12.

Enter letter of desired talks	Friday Sessions		Saturday Sessions		Sunday Sessions	
	1st Choice	2nd Choice	1st Choice	2nd Choice	1st Choice	2nd Choice
1 -	1 -	4 -	4 -	8 -	8 -	
2 -	2 -	5 -	5 -	9 -	9 -	
3 -	3 -	6 -	6 -	10 -	10 -	
		7 -	7 -			

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 2016 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 "Floor Level Seating in Arena" is set aside for special needs. Check as applies: Walking/Stair Difficulty Wheelchair Blind Deaf (ASL) Hard of Hearing Caregiver Family w/stroller

Name(s) of those with special needs _____ Caregiver Name: _____

VOLUNTEER SERVANTS OF CHRIST

Assistance is needed in the following areas:
• Usher at Mass • Registration • Badge Checker
• Bookstore Cashier/Bagger
• Eucharistic Minister *(send copy of certification)
*NOTE to EMs: Since we never know how many Priests & 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!
Discounts or fee waivers are no longer available for the above areas of service.

Name: _____
Position: _____
Orientation Day is July 23 – Notices will be sent.
Questions? scrcevents@scrc.org or (818) 771-1361, ext. 301

REGISTRATION FEES Through August 15

Regular Weekend (2 or 3 days) – Talks A-D only	@ \$89 per person	\$ _____
Regular One Day – Talks A-D only	@ \$58 per person	\$ _____
Christ Triumphant Track Weekend or combined w/regular talks	@ \$112 per person	\$ _____
Christ Triumphant One Day or combined w/regular talks	@ \$70 per person	\$ _____
Mega Healing Service Only	@ \$40 per person	\$ _____
Conferencia en Español (Sábado)	@ \$40 per person	\$ _____
Teen Conference (2 or 3 days)	@ \$59 per teen/chaperone	\$ _____
Teen Conference (Sat. ONLY)	@ \$40 per teen/chaperone	\$ _____
Teen Concert ONLY	@ \$20 per teen/chaperone	\$ _____
Children's Program (Grades K thru 5, Sat. & Sun. ONLY)	@ \$43 per child	\$ _____
Young Adult Saturday Only Track	register online	\$ _____

PLEASE SEND ME:
_____ Registration Brochure(s)
_____ Teen Flyer(s)
_____ Advertisement Flyer(s) for Parishes

Donation to support the SCRC Ministry \$ _____

TOTAL (Thru August 15): \$ _____

AFTER AUGUST 15

@ \$99 per person	\$ _____
@ \$68 per person	\$ _____
@ \$122 per person	\$ _____
@ \$80 per person	\$ _____
@ \$40 per person	\$ _____
@ \$40 per person	\$ _____
@ \$69 per teen/chaperone	\$ _____
@ \$40 per teen/chaperone	\$ _____
@ \$20 per teen/chaperone	\$ _____
@ \$20 per teen/chaperone	\$ _____
@ \$53 per child	\$ _____

Donation to support the SCRC Ministry \$ _____

(After August 15): \$ _____

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. 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 8/15/16. \$20 processing fee per form.