

**REGISTRATION FORM****1st Registrant** Print name as you would like it to appear on your name badge

First Name _____ Last Name _____

Office use only rec'd _____ fa _____ don _____ date _____ by _____

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

First Name _____ Last Name _____

**Sessions 1-9:**

Enter letter of desired talks →

General Assembly is included with registration.

Friday Sessions

1st Choice	2nd Choice
1 - _____	1 - _____
2 - _____	2 - _____
3 - _____	3 - _____

Saturday Sessions

1st Choice	2nd Choice
4 - _____	4 - _____
5 - _____	5 - _____
6 - _____	6 - _____

Sunday Sessions

1st Choice	2nd Choice
7 - _____	7 - _____
8 - _____	8 - _____
9 - _____	9 - _____

**Sessions 1-9:**

Enter letter of desired talks →

General Assembly is included with registration.

Friday Sessions

1st Choice	2nd Choice
1 - _____	1 - _____
2 - _____	2 - _____
3 - _____	3 - _____

Saturday Sessions

1st Choice	2nd Choice
4 - _____	4 - _____
5 - _____	5 - _____
6 - _____	6 - _____

Sunday Sessions

1st Choice	2nd Choice
7 - _____	7 - _____
8 - _____	8 - _____
9 - _____	9 - _____

Address _____ Apt# _____ City _____ State _____ Zip+4 _____

Phone Hm() _____ Wk() _____ Cell() _____ *Email _____

New If YES, please list
Address? 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)
Grade Attending Fall 2010 CP.....Children's Program (grades K-5)

*Parents may enroll 6th Graders in either CP or TC.

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.

Parents

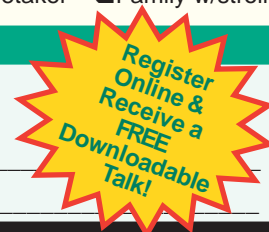
Please sign

Required parent/legal guardian signature

date

SEATING IN ARENA (Self Seating)Floor level seating in Arena is set aside for the following special needs. Check as applies: ☐ Seniors ☐ Walking/Stair Climbing 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 • Suite 208 • Burbank, CA 91504-1740**☐ **Credit Card:** Mail or FAX to **(818) 771-1379**.☐ **Visa** ☐ **MasterCard** ☐ **Discover** Credit Card # _____

Credit Card Signature _____ Expiration Date _____

**☺VOLUNTEER SERVANTS OF CHRIST☺**

Thank you for saying yes to God's call to serve!

Volunteer servants are needed in the following areas:

- Usher at Mass • Bookstore cashier/bagger
- Registration • Ticket Taker
- Eucharistic Minister (send copy of certification)

NOTE: We are no longer able to discount or waive the registration fee for the above listed areas of service.
GOD BLESS YOU!

Name: _____

Position: _____

Orientation Day is August 7 Notices will be mailed.
Questions? scrcvents@scrc.org or (818) 771-1361, ext. 14

REGISTRATION FEES**Thru August 16**

Adult OR Young Adult (attending 2 or 3 days)	@ \$78 per adult/young adult	\$ _____
1 Day ONLY Adult OR Young Adult	@ \$56 per adult/young adult	\$ _____
Vietnamese Conference Đại hội Canh Tân Đặc Sùng	@ \$78 per person	\$ _____
Teen Conference (attending 2 or 3 days)	@ \$53 per teen/chaperone	\$ _____
1 Day Teen Conference (Saturday Only)	@ \$40 per teen/chaperone	\$ _____
Children (Grades K - 5)	@ \$42 per child	\$ _____
Young Adult Saturday Night Social	@ \$5 per young adult	\$ _____
Donation to help someone attend		\$ _____

Please send me # _____ Registration Brochures
 # _____ Teen Flyers # _____ Young Adult Flyers
 # _____ Vietnamese Conference Flyers
 Please send me 1 Conv Ad Poster for Parish ☐

TOTAL (thru August 16): \$ _____**AFTER AUGUST 16**

@ \$88 per adult/young adult	\$ _____
@ \$66 per adult/young adult	\$ _____
@ \$88 per person	\$ _____
@ \$63 per teen/chaperone	\$ _____
@ \$40 per teen/chaperone	\$ _____
@ \$52 per child	\$ _____
@ \$5 per young adult	\$ _____
Donation to help someone attend	\$ _____

(after August 16): \$ _____