



# 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:	Friday Sessions	Saturday Sessions	Sunday Sessions
<b>Enter letter of desired talks</b> → General Assemblies are included with registration	1st Choice 2nd Choice	1st Choice 2nd Choice	1st Choice 2nd Choice
	1 - _____ 1 - _____	4 - _____ 4 - _____	7 - _____ 7 - _____
	2 - _____ 2 - _____	5 - _____ 5 - _____	8 - _____ 8 - _____
	3 - _____ 3 - _____	6 - _____ 6 - _____	9 - _____ 9 - _____

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	1 - _____ 1 - _____	4 - _____ 4 - _____	7 - _____ 7 - _____
	2 - _____ 2 - _____	5 - _____ 5 - _____	8 - _____ 8 - _____
	3 - _____ 3 - _____	6 - _____ 6 - _____	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

**Program Codes:** TC.....Teen Conference (grades 6\*-12) \*Parents may enroll 6th Graders in either CP or TC.  
 Grade Attending Fall 2011 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.

**Parents Please sign** \_\_\_\_\_  
 Required parent/legal guardian signature \_\_\_\_\_ date \_\_\_\_\_

## FLOOR LEVEL 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)  
Hard of Hearing Caretaker Family w/stroller

Name(s) of those with special needs \_\_\_\_\_ Caretaker's Name (Must register for Convention): \_\_\_\_\_

## 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**  **AmericanExpress**  **Discover** Credit Card # \_\_\_\_\_  
 Credit Card Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_



**☺ 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 August 6 Notices will be sent.**  
**Questions? scrcvents@scrc.org or (818) 771-1361, ext. 301**

REGISTRATION FEES	Thru August 15	AFTER AUGUST 15
Adult OR Young Adult (attending 2 or 3 days)	@ \$79 per adult/young adult \$ _____	@ \$89 per adult/young adult \$ _____
1 Day ONLY Adult OR Young Adult	@ \$56 per adult/young adult \$ _____	@ \$66 per adult/young adult \$ _____
Teen Conference (attending 2 or 3 days)	@ \$53 per teen/chaperone \$ _____	@ \$63 per teen/chaperone \$ _____
1 Day Teen Conference (Saturday ONLY)	@ \$40 per teen/chaperone \$ _____	@ \$40 per teen/chaperone \$ _____
Children (Grades K - 5)	@ \$42 per child \$ _____	@ \$52 per child \$ _____
Young Adult Saturday Night Social	@ \$5 per young adult \$ _____	@ \$5 per young adult \$ _____
Donation to support the SCRC Ministry	\$ _____	Donation to support the SCRC Ministry \$ _____
<b>PLEASE SEND ME:</b>		
# _____ Registration Brochure(s)		
# _____ Teen Flyer(s)		
# _____ General Convention		
# _____ Advertisement Flyer(s) for My Parish		
<b>TOTAL (thru August 15):</b>	\$ _____	<b>(after August 15):</b> \$ _____