

SCRC TEEN CONFERENCE REGISTRATION FORM

This form may be duplicated as needed.



Please make check payable and mail to:

SCRC
9795 Cabrini Drive, Suite 208
Burbank, CA 91504-1740
(818) 771-1361 fax (818) 771-1379
www.scrc.org spirit@scrc.org

office use only

rcv'd _____
fa _____
don _____
date _____
by _____

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip _____ - _____ Hm Phone () _____

Cell Phone () _____ fax () _____

email _____

Age _____ High School (Grades 9-12) Middle School (Grades 6-8) Youth Minister/Adult Chaperone (21 or over)

Please send me # _____ teen flyers to the above address

ATTENTION YOUTH GROUPS & YOUTH MINISTERS!

please complete as applies

I came with a Youth Group from I am a Youth Minister from

Parish _____ City _____

My Youth Minister's name is _____

I have been recruited to Volunteer

Recruited by _____ to serve as _____
SCRC Representative Area of Service

TEEN WEEKEND SCHEDULE

Friday, September 2:	4:00pm-5:00pm	"Dear God, I Love You...Just Don't Make Me Love My Brother!" - Fr. Bob Garon
ARENA		Praise & Worship
	6:45pm-7:30pm	Mass - Main Celebrant: Fr. Bill Easterling
	7:30pm-9:30pm	Concert with Jacob & Matthew Band
	9:30pm-10:30pm	
Saturday, September 3:	9:00am-12:45pm & 2:00pm-5:00pm	Teen Sessions
3rd FLOOR BALLROOM	7:00pm-10:15pm	Teen Mass & Healing Service with Main Celebrant: Fr. Jerry Thompson
		(Doors open at 6:30pm. Open to registered teens and their adult chaperones)
Sunday, September 4:	3rd FLOOR BALLROOM.....9:30am-12:15pm	Teen Session
	ARENA.....2:00pm- 2:30pm	Praise & Worship
	2:30pm- 4:30pm	Mass with Main Celebrant: Archbishop Jose Gomez

• Bring a jacket or sweatshirt since the Convention Center air conditioning is always on •

ATTENTION PARENTS-ADULT CHAPERONES!

TEEN CONFERENCE GUIDELINES

- Parent/Adult Chaperone (21 or over) must be registered and attending the Convention while the Teen Conference is in session. Parent/legal guardian must sign the Responsibility/Medical Agreement below.*
- It is the responsibility of the Parent/Adult Chaperone to make sure that the student arrives at each session. Students will not be released while the program is in session.
- At the conclusion of each session, the students will be released and become the responsibility of the Parent/Adult Chaperone. The Teen Conference will end 15 minutes after the adult workshops, to give the Parent/Adult Chaperones ample time to meet the students. Parents/chaperone must accompany teens on Friday.

PARENT SIGNATURE REQUIRED!!!

(for students 17 and under)

* Responsibility/Medical Agreement

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

*I have read & agree to the above requirements.



Required parent/legal guardian signature _____ date _____

YOUTH GROUP GUIDELINES

- Youth Group adult chaperones (21 or over) are expected to stay with their groups throughout the weekend.
- For every 10 High School students, one adult chaperone is required.
- For every 5 Middle School students, one adult chaperone is required.

ON-SITE TEEN REGISTRATION

Before teens can be registered, Parent/Legal Guardian (21 or over) must sign Responsibility/Medical Agreement. Youth Ministers must bring evidence of parents' consent for teen to attend any part of this event.

Register Online
www.scrc.org

REGISTRATION FEES Thru August 15

Weekend Teen Conference _____ @ \$53 per teen/chaperone \$ _____
Saturday ONLY Teen Conference _____ @ \$40 per teen/chaperone \$ _____
TOTAL (thru Aug. 15): \$ _____

REGISTRATION FEES After August 15

Weekend Teen Conference _____ @ \$63 per teen/chaperone \$ _____
Saturday ONLY Teen Conference _____ @ \$40 per teen/chaperone \$ _____
TOTAL (after Aug. 15): \$ _____

METHOD OF PAYMENT

Cash Check/MoneyOrder VISA MasterCard Discover AmericanExpress

Credit Card # _____

Exp. Date _____ Signature _____