



SCRC REGISTRATION

This form may be duplicated as needed.

1st Registrant Print name as you would like it to appear on your name badge
First Name _____ Last Name _____

SPOUSE Print name as you would like it to appear on your name badge
First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

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

1st Registrant **CHOOSE EITHER:** Regular Talks--OR--Unbound Track↓

SPOUSE **CHOOSE EITHER:** Regular Talks--OR--Unbound Track↓

Regular Talks	Friday Sessions		Saturday Sessions		Sunday Sessions		UNBOUND TRACK	
	1st Choice	2nd Choice	1st Choice	2nd Choice	1st Choice	2nd Choice	FULL WEEKEND	ONE DAY
Enter letter of desired talks	1 - _____	1 - _____	4 - _____	4 - _____	8 - _____	8 - _____	<input type="checkbox"/> Please check box here ✓ <input type="checkbox"/>	<input type="checkbox"/> Fri. <input type="checkbox"/> <input type="checkbox"/> Sat. <input type="checkbox"/> <input type="checkbox"/> Sun. <input type="checkbox"/>
	2 - _____	2 - _____	5 - _____	5 - _____	9 - _____	9 - _____		
	3 - _____	3 - _____	6 - _____	6 - _____	10 - _____	10 - _____		

Regular Talks	Friday Sessions		Saturday Sessions		Sunday Sessions		UNBOUND TRACK	
	1st Choice	2nd Choice	1st Choice	2nd Choice	1st Choice	2nd Choice	FULL WEEKEND	ONE DAY
Enter letter of desired talks	1 - _____	1 - _____	4 - _____	4 - _____	8 - _____	8 - _____	<input type="checkbox"/> Please check box here ✓ <input type="checkbox"/>	<input type="checkbox"/> Fri. <input type="checkbox"/> <input type="checkbox"/> Sat. <input type="checkbox"/> <input type="checkbox"/> Sun. <input type="checkbox"/>
	2 - _____	2 - _____	5 - _____	5 - _____	9 - _____	9 - _____		
	3 - _____	3 - _____	6 - _____	6 - _____	10 - _____	10 - _____		

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 2014 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.

Please sign **Cell Phone Contact# for Parent/Legal Guardian () _____**
Parents _____
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 Caretaker Family w/stroller
Name(s) of those with special needs _____ Caretakers 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 August 2 Notices will be sent.
Questions? scrcevents@scrc.org or (818) 771-1361, ext. 301

REGISTRATION FEES

Thru August 11

AFTER AUGUST 11

Regular Weekend (2 or 3 days) - Talks A-C only	@ \$85 per person	\$ _____
Regular One Day ONLY - Talks A-C only	@ \$58 per person	\$ _____
UNBOUND Track (2 or 3 Days) (UNBOUND Guidelines read)	@ \$108 per person	\$ _____
UNBOUND Track One Day ONLY (UNBOUND Guidelines read)	@ \$70 per person	\$ _____
Teen Conference (2 or 3 days)	@ \$56 per teen/chaperone	\$ _____
Teen Conference (Sat. ONLY)	@ \$40 per teen/chaperone	\$ _____
Children's Program (Grades K thru 5, Sat. & Sun.ONLY)	@ \$43 per child	\$ _____

	@ \$95 per person	\$ _____
	@ \$68 per person	\$ _____
	@ \$118 per person	\$ _____
	@ \$80 per person	\$ _____
	@ \$66 per teen/chaperone	\$ _____
	@ \$40 per teen/chaperone	\$ _____
	@ \$53 per child	\$ _____

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

Donation to support the SCRC Ministry..... \$ _____

Donation to support the SCRC Ministry \$ _____

TOTAL (thru August 11): \$ _____

(after August 11): \$ _____

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 8/11/14. \$20 processing fee per form.