Diocese: Original

PARISH _____

DIOCESE OF BEAUMONT YOUTH CONVENTION

-INDIVIDUAL REGISTRATION FOR YOUTH & ADULT-

PARTICIPANT NAME: _____ NAME FOR BADGE: _____
First Last

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMAIL _____

DATE OF BIRTH _____ GENDER: MALE FEMALE

CURRENT GRADE IN FALL: **9** **10** **11** **12** **2018 GRADUATE** **ADULT**

T-SHIRT SIZE: **S** **M** **L** **XL** **2XL** **3XL** **4XL**
(Adult sizes only)

☐ Check if you desire vegetarian banquet meal

☐ Special Needs: _____

_____

(i.e. mobility impaired, wheel chair accessibility, hearing impaired, visually impaired, etc.)

Completed registration must include:

- ☐ This Registration Form
- ☐ COPY of Diocesan J-h Youth Medical Liability Waiver (youth)
- ☐ COPY Medical Insurance Card (front & back)
- ☐ COPY of Diocesan Code of Conduct signed

*****Parish Youth Minister must ALSO keep a copy of the J-h Medical Liability Waiver, Medical Insurance Card and J-i Universal Field Trip form for each youth at convention.***

EXHIBIT J-h