

**2019 Scranton Charismatic Conference
Youth Tract Registration Form (Ages 15 – 18)**

(One form per person. Please duplicate this form for more than one registration.)

Registration Form must be accompanied by the Conference Release Form

PLEASE PRINT CLEARLY OR TYPE

TODAY'S DATE ____/____/____

NAME: _____

BIRTH DATE: ____/____/____

GENDER: MALE / FEMALE (circle answer)

AGE: ____

ADDRESS: _____

PHONE: ____ - ____

CITY: _____ STATE: _____ ZIP CODE: _____

NAMES OF PEOPLE AUTHORIZED TO PICK UP/DELIVER YOUR TEEN TO THE
CONFERENCE SESSIONS: _____

TEEN'S ALLERGIES: _____

TEEN'S MEDICAL AND/OR BEHAVIOR PROBLEMS: _____

.....
TEEN'S REGISTRATION First time attending the conference? Yes No **FEE: \$10.00**
(circle answer)

Six (6) Meal Plan at Campus Dining Hall (Friday Dinner thru Sunday Lunch) **\$60.00 Per person** _____

Five (5) Meal Plan (Saturday Breakfast, Lunch, and Dinner
Plus Sunday Breakfast and Lunch) **\$48.00 Per person** _____

Three (3) Meal Plan (Saturday Lunch and Dinner plus Sunday Lunch) **\$33.00 Per person** _____

TOTAL MEALS \$ _____

**THE ABOVE MEAL PLAN PRICES ARE FOR YOUTH AGES 12 THRU 14.
THESE PLANS MUST BE PURCHASED BY MAIL.
No Refunds for Unused Meal Tickets**

HOUSING REQUEST FORM

Weekend rates

____ I will make my own arrangements for off campus housing.

____ I prefer on campus housing \$48.00 per person – double occupancy – non A/C Family Residence Hall.

I wish to share a room with: _____

(Registrations must be mailed together)

TOTAL HOUSING \$ _____

TOTAL AMOUNT PAID \$ _____

ALL FEES MUST ACCOMPANY THIS REGISTRATION FORM.

Please make checks payable to Catholic Charismatic Renewal and return the forms to C.C.R.; PO Box 3306; Scranton, PA 18505-0306
Please do not send cash thru the mail. Telephone (570)344-2214 for further information. 4/1/2019