



Office of Youth and Young Adult Ministry

Open Confirmation Retreat
Saturday, March 27, 2010

Registration Form

Parish _____ Town _____

Group Leader Name _____ Phone _____

Mailing Address _____

Email _____ Please reprint email _____

of Candidates Participating _____ # of adults chaperoning _____

Candidates' Grade in School _____ Date of Confirmation _____

PAYMENT INFO:

of candidates registering _____ @ \$20/ youth = \$ _____

of adults registering _____ @ \$9/ adult = \$ _____

Total Amount Enclosed \$ _____

Make Checks payable to "Archdiocesan Youth Retreat Center "

Please return registration form, payment, and **a list of participants' names and ages by March 17th** to:

Archdiocesan Youth Retreat Center
499 Belgrove Drive
Kearny NJ 07032
Attn: Open Confirmation Retreat
Fax #: 201-299-0801

For Office Use:

Rec: _____ Ck _____ Date: _____ List _____ Track _____ Groups _____