



Group Leader Form
November 11-12, 2022
 www.epsyc.org



Parish: _____
 Diocese: _____ Group Name: _____
 Parish/Group Email Address: _____ @ _____
 Total # of Priests Attending: _____ (see Priest Form)

• **NOTE:** With the exception of Group Leaders, ALL cell phones MUST be turned OFF at all times during conference activities. If you are expecting a call, please let one of the hospitality or staff members know at the time of registration or before conference activities. Out of respect for all participants and presenters, if a staff member sees a participant using a cell phone, iPod/iPad, etc., it will be confiscated and their Group Leader may pick it up at the end of the day.

• Please submit a list of ALL cell phone numbers that will be with you during the conference.

IMPORTANT INFORMATION:

1. Please TYPE and PRINT clearly.
2. State if any attendees require special assistance.
3. Your original written signature is **REQUIRED**.
4. NO REFUNDS
5. Please MAKE CHECKS PAYABLE TO:
St. Pius X Youth Conference

Return this form alone with payment to:

Beatriz Seimen 9578 Sims Apt. B3 El Paso TX 79925 (915)727-5533	OR	Lupe Clemente 9024 El Dorado El Paso TX 79925 (915) 867-4252
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Group Leader's Name: _____
 Leader's Email Address: _____ @ _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Group Leader's Phone Numbers: Day # (____) _____ Home # (____) _____
 Cell # (____) _____ Fax # (____) _____

Registration Fee:	Total # of YOUTH _____	Total # of Adults _____
Total Attendees _____	X \$25.00 = \$ _____ (A)	
Conference T-Shirts (Pre-Orders)	Qty: _____	X \$10.00 = \$ _____ (B)
Size Qty	Size Qty	Size Qty
Small _____	Medium _____	Large _____
X-Large _____	XX-Large _____	XXX-Large _____
Total Amount Due:	\$ _____ (A+B)	
Method of Payment: Check # _____	Money Order # _____	
MAKE ALL PAYMENTS PAYABLE TO: St. Pius X Youth Conference		

I understand and agree to the following:

- ALL payments are non-refundable
- ALL payments returned from the bank for any reason, will be accessed a \$25.00 returned check fee. It is solely your responsibility to secure payment in full including any additional fees within 10 days.
- ALL payments should be made with one check or money order at time of registration.
- It is my responsibility to acquire all parent consent forms as required by your diocese.

Group Leader's Signature: _____ Date: _____

Parish: _____

Diocese: _____

Group/Organization name: _____

Group Leader's Name: _____



YOUTH ATTENDEES:

MALE ATTENDEES:

	Name	Registration Form	T-Shirt
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
17			
18			
19			
20			
21			
22			
23			
24			
25			

FEMALE ATTENDEES:

	Name	Registration Form	T-Shirt
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
17			
18			
19			
20			
21			
22			
23			
24			
25			

ADULT ATTENDEES:

	Name	Registration Form	T-Shirt	Chaperone Guidelines
1				
2				
3				
4				
5				
6				