EL PASO SOUTHWEST YOUTH CONFERENCE

Group Leader Form
NOVEMBER 20-21, 2026
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 nubers 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. Joseph Catholic Church
Memo: El Paso Southwest Youth Conference
Return this form alone with payment to:

Beatriz Seimen
10340 Kaywood
El Paso TX 79925
(915)727-5533

OR

Lupe Clemente
9024 El Dorado
El Paso TX 79925
(915) 867-4252

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 $15.00 = $ _____ (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 # _____

Please MAKE CHECKS PAYABLE TO: **St. Joseph Catholic Church**
Memo: El Paso Southwest 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 addditional fees within 10 days.
- ALL paymentsshould 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: _____

EL PASO SOUTHWEST YOUTH CONFERENCE

YOUTH ATTENDEES:

MALE ATTENDEES:

	Name		Registration Form	T-Shirt
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

FEMALE ATTENDEES:

	Name		Registration Form	T-Shirt
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

ADULT ATTENDEES:

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