



EL PASO SOUTHWEST
YOUTH CONFERENCE

Group Leader Form
October 17 & 18, 2025
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. 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 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: _____