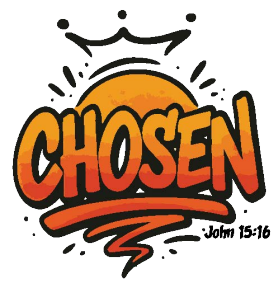




Group Leader Form
October 17 & 18, 2025
www.epsync.org



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
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Small _____	Medium _____	Large _____
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X-Large _____	XX-Large _____	XXX-Large _____
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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 assessed 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: _____