REGISTER NOW – Ave Maria University Youth Conference July 14-16th

Our Lady of the Angels is inviting our Youth Group to attend the Ave Maria University Youth Conference at Ave, Maria, FL on July 14th-16th.

All high school age youth from incoming freshman to outgoing seniors are invited to join us for this incredible weekend of faith, fellowship, music and great speakers as you grow in a deeper relationship with Christ and His Church!

Who: OLA Youth Group Members in-coming 9th-12th grade

Where: Ave Maria University, Ave Maria, FL

When: July 14-16, 2017

Cost: Youth Group members cost is \$75 per person, non-refundable and includes lodging, meals, and conference fee PLUS a cool t-shirt! (*The actual cost to the parish for a youth to attend this event is* \$200 per person. If you are unable to attend the event after you have registered please give a three week notice of cancellation. Any cancellations that are made within the three week time frame will be responsible for reimbursement of the entire amount to the parish.)

Registration Deadline: April 2, 2017

Fill out form and return with payment to rese	erve your spot with the group.	Date:
Youth Group Member Name:		Grade in Fall 2017
Youth Group Member Name:		Grade in Fall 2017
Special Accommodations Required:		
Parent Name:	Phone	
Check if you are available to chaperone	(We will call to confirm if we r	need you to volunteer.)
Number of Registered Youth x \$ Checks can be made payable to: Our Lad office of		



DIOCESE OF VENICE IN FLORIDA

Notification of Trip and Event For Catholic school students, youth groups, and religious education students

To be completed by trip/event leader:	
CATHOLIC SCHOOL:	
or PARISH NAME (for Religious Ed/Youth Outreach): Our Lady of the Angels
TRIP/ EVENT*: Ave Maria Youth Conference)
GRADE, CLASS or GROUP:Youth Group Memb	ers Entering 9th through 12th
PLACE OF EVENT: Ave Maria University, 5050	Ave Maria Blvd., Ave Maria, FL 34142
NAME OF TRIP/EVENT LEADER:LeAnne Mck	Kendree
NATURE OF ACTIVITY Conformed	
DATE(S): _ 7/14/17-7/16/17 TIME EVENT BEC	
PLACE OF DEPARTURE/RETURN: OLA parking lot	
MODE OF TRANSPORTATION: Charter Bus	
*If this is a sporting event, Competition Schedule sho	
in this is a sporting event, competition beneate site	
Participant's Name	Phone # of person legally responsible: Cell:
	Home:
	Work:
Address of participant	E-mail (of parents/guardian for minor)
Emergency Contact Name (other than parent/guardian)	Emergency Contact Phone #s:
	Cell:
	Home:
	Work:
Parent/Guardian Name (Printed)	
i archy Guardian Ivanic (i inicu)	

I understand that the terms of that agreement apply to this Signature of Minor's Parent/Guardian or Adult Participant	
Signature of Minor's Parent/Guardian or Adult Participant	Date signed
Please return by to Thank you.	
In the case of field trips for which a school/parish owned bused, the following must be signed:	bus or a chartered commercial bus is r
I understand that the school is not responsible for the t field trip. Check one:	transportation of students for the
I will drive my own child to and from the event.	
I give permission for my child to ride with the fol	lowing volunteer driver: