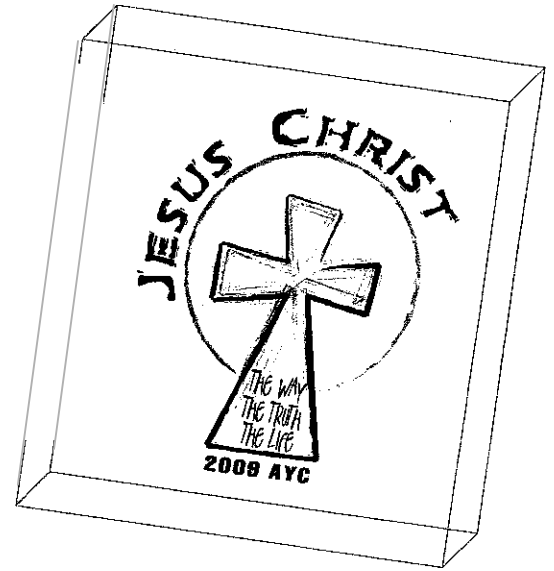


Youth¹⁷ Registration

JULY 10-12, 2009
HILTON AMERICAS HOTEL
HOUSTON, TX



Cost per person: \$150

**Includes Registration, Lunch and Dinner on Saturday, and all
Conference Festivities**

Name: _____ Male or Female

Address: _____

City/Zip: _____

Phone: _____ E-Mail: _____

Parish/Catholic School: _____ Deanery: _____

Year in School as of August 2009: 9 10 11 12 Class of 2009 HS Graduate

(If Parish Orders Conference Shirts Circle One)

Shirt Size: Small Medium Large XL XXL XXXL XXXXL

Please contact the Office of Youth Ministry if there is a request to assist a person with disabilities (ie. Wheel chair accessibility, hearing impaired, visually impaired, etc.):

Do you have food allergies or dietary restrictions? If yes, please explain:

Please make checks payable to:
Christ the Good Shepherd

Return Registration Form with the following items:

- Parent Consent/Liability/Waiver/Medical Consent Form

**Contact Your Youth
Ministry Coordinator for
Additional Information:**

Wyatt Wentrcek

wyatt@cgscdogh.org

281-376-6831