

* GROUP REGISTRATION DEADLINE: DECEMBER 15 *

PLEASE TYPE OR PRINT CLEARLY

Name of Parish/School/Organization: _____

City of Parish/School/Organization: _____

Name of Participant: _____

Address of Participant: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Birth Date: ____/____/____ Grade ____ ☐ Male ☐ Female

Email [can be parents]: _____

WORKSHOP SELECTION

For each workshop time please select **Three (3)** choices, note that **1-10 are for A/B** only; **11- 20 are for C/D** only; and **21-30 are for E/F** only. Although every effort is made it is not always possible to give a participant their 1st choice, so keep in mind that there is a good chance that you may receive your 2nd or 3rd choice.

Please write the number of your chosen workshops:

Module A/B [1-10 only]	1st Choice: _____	Module C/D [11-20 only]	1st Choice: _____	Module E/F [21-30 only]	1 st Choice: _____
	2 nd Choice: _____		2 nd Choice: _____		2 nd Choice: _____
	3 rd Choice: _____		3 rd Choice: _____		3 rd Choice: _____

Cost Reflects Adult-in-Charge/Chaperons, YMIT's, and Youth

POSTMARKED BY: November 15	\$ 97.00 Each	(EARLY BIRD)
POSTMARKED BY: November 16 through December 1	\$117.00 Each	(REGISTRATION)
POSTMARKED BY: December 2 through December 15	\$122.00 Each	(LATE REGISTRATION)
POSTMARKED BY: December 16 through January 10	\$127.00 Each	(ADDITIONS ONLY)
POSTMARKED BY: January 11 through Conference	\$132.00 Each	(LATE ADDITIONS ONLY)
YOUTH PARTICIPATION FEE SEPARATE:	\$ 10.00 Each	(YOUTH ONLY)

I hereby consent to participation by my child _____, in the CYO Rainbow Conference. I further consent to the conditions stated above regarding participation in the program. In consideration of my child being allowed to participate in this program, I agree to release and hold harmless the Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agent and representatives, including volunteers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this program.

I understand that photography and/or video of participants may be procured during the event and used in promotional materials. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes, by the Catholic Youth Organization. Check here ___ if you do not want picture or video taken of your child.

Print Parent/Guardian Name_____
Parent/Guardian Signature_____
Date