



INTENT TO PARTICIPATE FORM

Parish/ School _____ Town _____

Main Contact _____ Position _____

E-Mail _____ Phone _____

We plan to attend and **we DO want the Resource Bag**. Enclosed is our **\$50.00**. *Resource bag valued at over \$100*

We hope to bring (estimate) _____ Youth _____ Adults (*verification of Safe Environment Compliance*)

We plan to attend, **but DO NOT want the Resource Bag**.

We hope to bring (estimate) _____ Youth _____ Adults (*verification of Safe Environment Compliance*)

Our youth would like to be part of **Prayer and Liturgy** (Readers, Servers, Gift Bearers)

<i>OFFICE USE ONLY: \$50.00 Resource Bag: Date _____ Check # _____</i>		<i>Priority Code _____</i>
Registration		
_____ @ \$25.00 = _____	By June 30th	
_____ @ \$30.00 = _____	By August 30th	
TOTAL COST: _____	<i>Make checks out to: OEEC – CYE</i>	
<input type="checkbox"/> INTENT RECEIVED - CONFIRMATION E-MAILED. <input type="checkbox"/> E-MAIL ADDED TO DISTRIBUTION LIST <input type="checkbox"/> REGISTRATION FEES RECVD - Confirmation e-mail sent DINNER & ORIENTATION: Name of group leader or chaperone(s) attending: _____ <div style="text-align: center;"><i>(1 minimum, 2 max)</i></div> _____ <i>OFFICE USE ONLY:</i> GROUP ASSIGNMENT: ____ (RED) ____ (PURPLE) ____ (BLUE) ____ (GREEN)		

This form must be submitted by April 30, 2018.

Email this form to: Jill.Costa@aohct.org or by Fax: 860-243-9465

Send payment/check to: OEEC – Catholic Youth Encounter
 467 Bloomfield Avenue
 Bloomfield, CT 06002