

Regional Catholic Youth Leadership Days
Participant Summary Form
VISION QUEST High School Leadership Conference

Please check which program date/location you will be attending:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> 9/22 Eureka | <input type="checkbox"/> 9/29 Clearlake | <input type="checkbox"/> 10/14 Santa Rosa |
| <input type="checkbox"/> 9/23 Ukiah | <input type="checkbox"/> 9/30 Napa | <input type="checkbox"/> 10/27 Rohnert Park |

Parish/School: _____

Parish Contact: _____

Phone: _____ E-Mail: _____

Adult Chaperone: _____

Participant Name: _____

Grade:(Circle One) 9 10 11 12

Participant Name: _____

Grade:(Circle One) 9 10 11 12

Participant Name: _____

Grade:(Circle One) 9 10 11 12

Participant Name: _____

Grade:(Circle One) 9 10 11 12

Participant Name: _____

Grade:(Circle One) 9 10 11 12

Feel free to copy this page should you have additional participants. Please return the completed form *AT LEAST 3 DAYS PRIOR* to your preferred date. Fax it to 566-3320 OR e-mail it to DSRyouth@sonic.net. Remember that the day of the event each participant should bring their completed Parental Consent Form and \$20 Registration Fee. Adult Chaperone Forms will be available at the event.