

March for Life Bus Trip Group Leader Information

Archdiocese of Chicago

Respect Life Office & Office for Catechesis

Important Information:

1. Please type or print clearly.
2. Refunds will not be provided for Cancellation.
3. Your written signature required (below).
4. Please Attach Teen Participation Agreements for Each Teen and Adult Participation Agreements, including References, for Each Chaperone.

By mail: Respect Life Office
3525 S. Lake Park Ave.
Chicago, IL. 60653

By Fax: (312) 534-1554
For questions:
Phone: (312) 534-5355

Group Leader Information

Name: _____
(prefix) (first) (middle Initial) (last)

Organization/Parish: _____

Address: _____ City: _____ State: _____

Home Phone: () _____ Work: () _____ Cell/Pager: () _____

Fax: () _____ Email: _____

Cell phone or pager that I will be using during the event: () _____

Special Needs: _____

Registration Fees

Total # Youth and Adult _____ X \$275 = \$ _____
Number Event cost Amount Due

Check # _____ Make checks payable to: ARCHDIOCESE OF CHICAGO.

Character reference

Please provide two non-relative character references:

Name: _____ Title: _____ Number: _____

Name: _____ Title: _____ Number: _____

I hereby declare that the registration information above is accurate. I have submitted an authorization form and full payment for each member of my group who is under the age of twenty-one.

Signature _____

Group Leader:

Date: _____

**All registrations must be received by December 14, 2009
with payment for the Trip.**

