



**Application for  
Jr. CYO Camp  
May 25 - May 28, 2019**

**Youth Name:** \_\_\_\_\_

**Parent names:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, state, zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Grade (2018-19)** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

*Make checks payable to "Diocese of Salina." Memo Line: Youth Name and Jr CYO Camp*

**Enclosed is pre-registration fee of \_\_\_\_\_ \$95.00 (Non-refundable & Non-transferable )**

**Enclosed is the total fee of \_\_\_\_\_ \$190.00**

**Enclosed with Application: 5 Parental permission and health forms \_\_\_\_\_**

**Mail application to:  
Office of Youth Ministry  
Box 980  
Salina, KS 67402-0980**

**Return by: April 18, 2019**

**Please do not change this Diocese Application Form. Use a separate sheet if you wish to explain instructions for your own parish.**

