

Steubenville Summer Youth Conference Registration Form

* Please include this form with your deposit. Permission forms will be available closer to the event, once times of departure and arrival are determined.

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Grade ('05-'06): _____

Email address: _____

Parish: _____ City/State: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Parent/Guardian Phone Numbers:

Home _____

Work _____

Cell _____

Roommate Request: 1. _____

2. _____

Have you attended a Steubenville Summer High School Youth Conference before? _____

Yes _____ No _____

Please mail registration form and deposit to:

Springtime of Hope Ministries ©
3089 Spring Valley Road
Dubuque, IA 52001