

Steubenville Summer Youth Conference Registration Form

* Please include this form with your deposit. You will then be directed to complete online registration and health forms.

Student Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____

Student Cell: _____

Grade (08/09) _____

Email (student) _____

(parent) _____

Parish: _____

Parent/Guardian (Father) _____

Address: _____

Work Phone: _____

Cell Phone : _____

Parent/Guardian (Mother) _____

Address: _____

Work Phone: _____

Cell phone: _____

Emergency Contact: Name: _____

Relationship: _____

Phone: _____

Have you attended a Steubenville Summer High School Youth
Conference before? ___ Yes ___ No

If you have participated in a previous conference would you like to
be part of LEAD? ___ Yes ___ No

Please mail complete registration form and \$100 deposit to:

Springtime of Hope
3089 Spring Valley Road
Dubuque, IA 52001