



## Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Parish \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

I understand that all deposits and payments are non-refundable (initial) \_\_\_\_\_

This Diocesan YA retreat is open to all **young adults ages 18 – 39.**

Spaces will be reserved on a first come, first serve basis upon receipt of a completed copy of this form, the medical waiver and your payment of \$100.

Please mail to: Diocese of Orlando

Attn: Young Adult Ministry-Amanda Livermore

PO Box 1800, Orlando FL 32802.

Checks should be made payable to the Diocese of Orlando



Brought to you by the Diocese of Orlando Office of Vocations along with the  
Office of Faith Formation – Young Adult Ministry