



**Application for
Jr. CYO Camp
May 27 - May 30, 2017**

Youth Name: _____

Parent names: _____

Street: _____

City, state, zip: _____

Phone: _____

Grade (2016-17) _____

Male _____ **Female** _____

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

Enclosed is pre-registration fee of _____ \$90.00 (Non-refundable & Non-transferable)

Enclosed is the total fee of _____ \$180.00

Enclosed are: 5 Parental permission and health forms _____

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

By: May 5, 2017

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

