



**Application for
Jr. CYO Camp
May 26 - May 29, 2018**

Youth Name: _____

Parent names: _____

Street: _____

City, state, zip: _____

Phone: _____

Grade (2017-18) _____

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 are: 5 Parental permission and health forms _____

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

By: April 20, 2018

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

