

# NCYC 2025

November 20th-22nd, 2025

Indianapolis, Indiana

Room Request

Due April 1st

Parish: \_\_\_\_\_

Town: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Rooms:

# of double bedded rooms (sleeps 4) \_\_\_\_\_

# of single bedded rooms (sleeps 1-2) \_\_\_\_\_

(there is an extra charge for single rooms)

Transportation:

# of bus seats needed \_\_\_\_\_

#using own transportation \_\_\_\_\_

Please return by April 1st to:

Bill Meagher

Office of Youth Ministry

PO Box 980

Salina, KS 67401