

BE A ROCKSTAR.

MOUNT 2009 REGISTRATION FORM

CUT ALONG THE DOTTED LINE. COMPLETE FORM (FRONT AND BACK).

RETURN TO: MOUNT 2009, C/O MOUNT ST. MARY'S SEMINARY, 16300 OLD EMMITSBURG ROAD, EMMITSBURG, MD 21727-7797

Registration fee: \$55 per participant (after Jan. 18: \$65), no refunds. **Both a registration form and a liability release form must be completed and submitted for each person attending.** Please make additional copies and distribute them to interested attendees, or download additional copies from www.mount2009.com. **No registrations accepted after Feb. 1, 2009.** Please print neatly and complete the liability form on the reverse side.

PLEASE CHECK THE APPROPRIATE BOX AND COMPLETE THE ENTIRE FORM

I AM A CURRENT HIGH SCHOOL STUDENT. We're

excited that you're coming. Be sure to fill out your registration form front and back, and we'll see you in February. In the meantime, be sure to keep praying for a great outpouring of the Holy Spirit at Mount2009, and we'll be praying for you.

I AM A COLLEGE-AGE PARTICIPANT (18-21 YEARS OLD). We're excited that you're continuing to foster your relationship of love with Jesus Christ. Just a

reminder: To stay in Mount2009 housing, you'll need a letter from your diocesan office of youth protection which states that you are in compliance with your diocese's youth protection policy. Without this approval you'll need to contact Barbara Anderson (banderson@archbalt.org or 301.447.2367) to find housing accommodations at nearby parishes.

I AM A CHAPERONE (21 YEARS OLD AND OVER). Thanks for being willing to help our youth grow ever closer to Jesus Christ. In

order to protect our young people, we ask that you submit a letter from your diocesan office of youth protection which states that you are in compliance with your diocese's youth protection policy. WE CAN'T LET YOU ATTEND WITHOUT IT.



Parish/Group Name/City _____ Diocese _____

Group Leader's Name _____

Attendee's First Name _____ Last Name _____

Age (limited to high school grades 9-12 and young college adults) _____ Sex (circle) M F

I would like my FREE T-SHIRT in size (circle one) XXL XL L M S

Home Address _____

City _____ State _____ Zip Code _____

Phone _____

In case of emergency, please contact: Name _____

Address _____ Phone (Home) _____

_____ (Cell) _____

Allergies or Medical Conditions (briefly describe): _____

Current Medications (please list): _____

Medical History (briefly describe): _____

Office Use Only: Check # _____ Amount _____ Group _____ Individual _____