

**World Youth Day Celebration on Palm Sunday
April 9, 2017
Group Registration Form**

Parish/School Name and City: _____

Contact Person: _____

Telephone Number: _____

Email: _____

Address: _____

City, State, Zip Code: _____

Registration Information

Number Attending: _____ Will bring banner ___ YES ___ NO

Does anyone in the group have disabilities? ___ YES ___ NO

Deaf/hard of hearing? _____ (sign language interpreter – available with at least 2 weeks advance notice)

Wheel chair access? _____ Other? _____

Will a priest from your parish/school concelebrate? NO _____ YES _____

If yes, name of priest: _____

Will this priest be able and willing to celebrate the Sacrament of Reconciliation? If so, please indicate the time available:
_____ 2:30 pm – 3:25 pm _____ 5:00 pm – 6:00 pm



Mailing Address: Diocese of Harrisburg
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Online: www.hbgdiocese.org/youngchurch