



THE NATIONAL  
**SHRINE**

OF OUR LADY OF THE SNOWS

MISSIONARY OBLATES OF MARY IMMACULATE

Phone: 618.394.6276 Fax: 618.397.1210  
snows.org/youth youthministry@snows.org  
442 S. De Mazenod Dr. Belleville, IL 62223-1023

## CONFIRMATION SPECTACULAR REGISTRATION FORM

February 10, 2018 10 a.m. – 6 p.m.

Registration – \$25 per student/\$10 per adult – lunch included

Group Leader: \_\_\_\_\_

Position: \_\_\_\_\_

School/Parish: \_\_\_\_\_

Diocese: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How did you hear about this event? \_\_\_\_\_

**Number of youth \_\_\_\_\_ Number of adults \_\_\_\_\_**  
**Ratio of 1 adult : 7 youth required**

(Number of students) \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_ (total amt)

(Number of adults) \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_ (total amt)

Payment options: Amount enclosed \$ \_\_\_\_\_  Check  VISA  Discover  MC  AmEx

Name on card \_\_\_\_\_ Credit card expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Credit card #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment due at time of registration. Registration is non-refundable.**  
**REGISTRATION DUE BY FEB. 2, 2018.**

**Mail form and payment for the amount above to:**  
**CONFIRMATION SPECTACULAR 442 S. DE MAZENOD DR. BELLEVILLE, IL 62223-1023**