

**Parish Commitment Form
NCYC 2019**

Due to the Diocesan Office of Youth Ministry no later than **May 20, 2019**

Attn: Sherri Simmer
601 Grand Avenue
Des Moines, IA 50309

Parish Name & City: _____

NCYC Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

I would like to reserve spots for:

- | | |
|--|--|
| <input type="checkbox"/> _____ Youth Female Participants | <input type="checkbox"/> _____ Youth Male participants |
| <input type="checkbox"/> _____ Adult Female Chaperones | <input type="checkbox"/> _____ Adult Male Chaperones |

_____ **Total Persons (teens and adults) from this parish**

_____ **Number of Early Bird Reservations my parish is guaranteeing**

Parish Contact Signature _____ **Date** _____

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