

# Adult Registration Form- Archdiocese of Los Angeles

## City of Saints Teen Conference 2018

Please complete all information clearly. The following fields are required.

<b>First Name</b>	<b>Preferred First Name for Badge</b>	<b>Last Name</b>

<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Participant Email</b>	<b>Participant Cell Phone</b>

<b>Date of Birth</b>	<b>Gender (for housing)</b>	<b>T-Shirt Size</b>

<b>Emergency Contact Name</b>	<b>Emergency Contact Phone</b>

**Clergy/ Religious (If applicable)**

Priest	
Brother	
Sister	
Deacon	

**Special Needs** (the following fields are voluntary)

Hearing Impaired	
Limited Mobility	
Blind/ Visually Impaired**	
Wheelchair Access Required	
Deaf	
Gluten Free	
Allergies	
Other	

\*\*Requires more than contacts/ glasses