

YSC Registration Form

Parish and City: _____

Coordinator's Name /
Phone #: _____

Name: _____

**Mailing Address: _____

City: _____

Zip Code: _____

Phone: _____

Email: _____

****Your Certificate of Completion will be mailed out to the address provided.**

Please return registration form with check or money order to:

**DIOCESE OF SAN BERNARDINO
ATTN: Ministry With Youth Office
Mail to: 1201 E. Highland Ave.
San Bernardino, Ca 92404**

Method of Payment

- Check # _____ \$ _____
- Cash \$ _____
- Bill Parish \$ _____

Location of Workshop & Date:

Parish: _____

Date: _____

Signature of Participant _____

Date _____

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