

**LAZARUS RETREAT**  
**February 15-17, 2019**  
**Gasper River Catholic Youth Camp and Retreat Center**  
**Registration Form**  
(Please print legibly)

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

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

Parent Name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

Grade \_\_\_\_\_

Parish \_\_\_\_\_

**Pastor or Youth Minister Signature** \_\_\_\_\_

(Must be signed in order to participate)

**Cost: \$50 per youth participant due at the time of registration.**

There are scholarships available through the Office of Youth Ministry to pay half of the \$50 registration fee. If the need is greater, please consult your parish. To inquire about a scholarship, please contact the Youth Ministry Office at 270-683-1545.

**Registration Deadline: Postmarked by Monday, January 28.**

Mail to: Office of Youth Ministry  
Lazarus Retreat  
600 Locust Street  
Owensboro, KY 42301

**NOTE:** Once the Office of Youth Ministry receives and processes this registration form, an acceptance letter with additional forms will be mailed to you.