

# March for Life Pilgrimage Group Leader Information & Payment Form

(Form for Teen group leaders, not families)

Diocese of Rockford-Respect Life Office

## Important Information:

1. Please type or print clearly
2. Refunds will not be provided for Cancellation.
3. Your written signature required (below).
4. Please attach a Youth Participation Agreement for Each Teen and an Adult Participation Agreement for all adults. (Adults are all those out of high school and 18 and older, only those age 21 and older can be designated as a chaperone.)

**By mail:** Respect Life Office  
P O Box 7044  
Rockford, IL 61125

**By FAX:** (815) 399-6303

For questions:

**Phone:** (815) 399-4300

## Group Leader Information

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

Organization/Parish: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cell/Pager: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs: \_\_\_\_\_

## Registration Fees

Total # Youth and Adults \_\_\_\_\_ X \$295 (in full by Dec 7) = \$ \_\_\_\_\_  
Number Event Cost Amount Due

### Early Bird Discount:

Total # Youth and Adults \_\_\_\_\_ X \$280 (in full by Nov 18) = \$ \_\_\_\_\_  
Number Event Cost Amount Due

Early Bird Registrations **must be received** by the Respect Life Office by November 18<sup>th</sup>. Make a copy of this sheet if both the Early Bird and the Standard Fee will be used by your group. Space is limited. All amounts are non-refundable.

Check # \_\_\_\_\_ Make checks payable to: **Respect Life Office.**

I hereby declare that the registration information above is accurate. I have submitted an authorization form and full payment for each member of my group.

\_\_\_\_\_  
Group Leader Signature

\_\_\_\_\_  
Date