

DCYC 2010 PAYMENT FORM

Parish/School Name _____ Date _____
 City _____
 Parish/School Adult Contact _____
 Day Phone _____ Evening Phone _____
 E-Mail _____ Fax _____
 Address _____ City _____ State _____ Zip _____

Complete this form on screen and the YELLOW fields will be calculated automatically!

IMPORTANT:
 DO NOT SAVE the completed form to your computer (it saves only the blank form). Rather, complete the form, **PRINT** it, and mail it in.

1. Number of **high school** registrations _____
2. Number of **junior high** registrations _____
3. Number of **adult** registrations _____
4. **Total number of registrations above** _____

5. **Total number for *full weekend* conference:** _____ (X \$99.00 each) = _____
6. **Sub-Total Amount =** _____

7. Receive ***one free conference registration*** if this Payment Form is into the Catholic Center by May 15, 2010 (must be post-marked by May 15th in order to receive this)
Subtract \$99.00 from line 6 (check if applicable) _____

8. Complimentary registration for parish priest attending
 (Does not include separate hotel room – figure separate hotel room cost below)
Subtract \$99.00 from line 6 (check if applicable) _____

9. Half price registration fee for Medical Professional
Subtract \$50.00 from line 6 (check if applicable) _____

10. **Sub-Total Amount** (subtract amounts from lines 7, 8, and 9 from line 6) = _____
11. **Late fee:** # of people registering after 6/4/10 = _____ (X \$15.00) = _____
12. **Final fee:** # of people registering after 6/18/10 = _____ (X \$5.00) = _____
 (This final fee is in addition to the Late Fee on line 11)
13. **3 persons to a hotel room: # of rooms** = _____ (X \$75.00) = _____
14. **2 persons to a hotel room: # of rooms** = _____ (X \$100.00) = _____
15. **1 person to a hotel room: # of rooms** = _____ (X \$150.00) = _____
16. **Total additional fees** (from lines 11, 12, 13, 14, 15) = _____
17. **Total Amount Due =** _____
 (Add lines 10 and 16 to get the total amount due)
18. **Scholarship amount rec'd from Diocese (if applicable)** _____
19. **Total amount of check =** _____
 (Subtract amount from line 18 from amount on line 17 to get the correct amount for check)
20. **Balance Due =** _____

Make parish check payable to **DIOCESE OF FORT WORTH**

IN ORDER TO RECEIVE THE EARLY REGISTRATION DISCOUNT, the following forms must be sent in by **June 4, 2010**: This Payment form must be sent with a parish/school check to Office of Youth Ministry, DCYC 2010 Diocese of Fort Worth, 800 West Loop 820 South Fort Worth TX 76108. Additionally, FORM F, the Electronic group registration form must be filled out and emailed to jcastillo@fwdioc.org. Full or partial refunds of conference registrations will only be available through June 4, 2010. You may substitute name changes up until the conference however.