



UNDER THE STARS WITH THE SAINTS

A lock-in experience for High School Youth

GROUP REGISTRATION FORM

PARISH/SCHOOL: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____

GROUP COORDINATOR: _____
(Catechetical Leader / Principal / Other)

(Deadline: September 2, 2025)

REGISTRATION FEE

Number of Persons _____ x **\$10** each

TOTAL = \$ _____ Payment Enclosed

To ensure your group's registration, please return the following:

THIS COMPLETED FORM with the list of those attending on back ® ®

PARISH CHECK OR MONEY ORDER PAYABLE TO: **DIOCESE OF BROWNSVILLE**

Deliver to:

Diocese of Brownsville
Attn: Under The Stars With The Saints
700 Virgen de San Juan
San Juan, TX 78589-3030

DEADLINE DATE: Monday, September 2, 2025

(REGISTRATION FEES ARE NON-REFUNDABLE)

FOR OFFICE USE ONLY:

Check or MO # _____ Amt: \$ _____

Date: _____

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PARTICIPANT LIST

	Last Name	First Name	Grade:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Adult Leader/Chaperones (1:5 Ratio)			
1.			
2.			
3.			