CATHOLIC DIOCESE OF BROWNSVILLE

"YOUTH BLAST"

High School Youth Encounter

GROUP REGISTRATION FORM

PARISH/SCHOOL: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____

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

(***Deadline: Wednesday, February 11, 2026)***

REGISTRATION FEE

Number of Persons _____ x **$25** 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***

Mail or deliver to:

Diocese of Brownsville
Attn: Youth Blast Event
700 Virgen de San Juan
San Juan, TX 78589-3030

DEADLINE DATE: Wednesday, February 11, 2026

(REGISTRATION FEES ARE NON-REFUNDABLE)

FOR OFFICE USE ONLY:

Check or MO # _____ *Amt: $*_____

Date: _____

YOUTH BLAST **High School Youth Encounter (Feb 28, 2026)**

PARTICIPANT LIST

	Last Name	First Name	T-Shirt size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
ADULT SPONSOR NAME (6:1 ratio)			
1.			
2.			
3.			

	Last Name	First Name	T-Shirt Size
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
ADULT SPONSOR NAME (6:1 ratio)			
1.			
2.			
3.			