

CYO RAINBOW

SUBSTITUTION / CANCELLATION FORM

*** ONE FORM PER PARTICIPANT ***

The **NEW** participant will receive the workshop choices of the **ORIGINAL** participant.

Post-marked on or before January 3
NO COST TO SUBSTITUTE / CANCEL

From January 4 through January 10
\$20.00 SUBSTITUTION/CANCELLATION PROCESSING FEE

Beginning January 11 through Conference
\$25.00 SUBSTITUTION FEE AND CANCELLATIONS WILL NOT BE REFUNDED

PLEASE TYPE OR PRINT CLEARLY

Name of Parish/School/Organization: _____

City of Parish/School/Organization: _____

Name of Adult-In-Charge: _____

Phone #: () _____

SUBSTITUTION

Name of **ORIGINAL** Participant: _____

Name of **NEW** Participant: _____

Address of **NEW** Participant: _____

City: _____ State: _____ Zip: _____

Phone#: () _____ Birth Date: ____/____/____ Grade Male Female

NEW PARTICIPANT, PLEASE RESPOND TO THE FOLLOWING QUESTIONS

For each workshop time, please select three (3) choices. It may not be possible to give you any of your choices and you may have to take the choices of the person you are replacing. Please write the number of your chosen workshops:

| | | | | | |
|-------------------|-------------------------------------|-------------------|-------------------------------------|-------------------|-------------------------------------|
| Module A/B | 1st Choice: _____ | Module C/D | 1st Choice: _____ | Module E/F | 1st Choice: _____ |
| | 2nd Choice: _____ | | 2nd Choice: _____ | | 2nd Choice: _____ |
| | 3rd Choice: _____ | | 3rd Choice: _____ | | 3rd Choice: _____ |

I hereby consent to participation by my child _____, in the CYO Rainbow Conference. I further consent to the conditions stated above regarding participation in the program. In consideration of my child being allowed to participate in this program, I agree to release and hold harmless the Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agent and representatives, including volunteers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this program.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

CANCELLATION

Name of Participant: _____

Address of Participant: _____

City: _____ State: _____ Zip: _____

CYO, PLEASE SEND REFUND TO: PARTICIPANT CHURCH/SCHOOL/ORGANIZATION