



TOTUS TUUS of Kansas City – St. Joseph



Parish Registration Form 2018

To reserve a week for **Totus Tuus**, please return this completed form and a check for the \$500 deposit (per team) to the **Office of Youth Ministry**. Dates will be filled on a “first come first serve” basis. With this in mind, we recommend that you reserve your desired week as soon as possible. Please choose **three dates** and rank them 1 - 3 according to preference, with 1 being your first choice.

June 2-8 (internship week) _____
 June 9-15 _____
 June 16-22 _____
 June 23-29 _____
 July 7-13 _____
 July 14-20 _____
 July 21-27 _____

Parish Name _____ Phone (____) _____

Parish Address _____ City _____ Zip _____

Parish Contact _____ Phone (____) _____

Contact Address _____ City _____ Zip _____

Contact E-mail Address _____

Number of Teams Requested (please check only one): ___ 1 ___ 2 ___ 3 ___ 4

Signature of Pastor

Signature of Parish Contact

Name of Pastor (Print)

Name of Parish Contact (Print)

Mail completed form and payment to:
Office of Youth Ministry
P.O. Box 419037, Kansas City, MO 64141

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|----------------------------|-------|
| For office use only | |
| Date Received | _____ |
| Check Amount | _____ |
| Check Number | _____ |
| Confirmation Sent | _____ |