

Preferred Session

Please rank possibilities in order of preference from first to last (#1-4). If your first option is not available, we will contact you to ask for your permission before enrolling you in another session.

_____ (i) June 18-22 _____ (ii) June 25-29 _____ (iii) July 9-13 _____ (iv) July 16-20

Personal Information

Last Name: _____

First Name (for name tag): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

Email Address: _____

Birth Date (mm/dd/yyyy): _____

Sex:

Female

Male

T-Shirt Size (select one):

Small Extra-Large

Medium XXL

Large XXXL

Religious Affiliation (Optional): _____

Ministerial Information

Primary Ministry Setting:

High School Parish

Diocese Other: _____

Primary Ministry Area:

Youth Ministry Campus Ministry

Religious Ed. Teaching (subject): _____

Parent Other: _____

Ministerial Role:

Full-Time Paid Full-Time Volunteer

Part-Time Paid Part-Time Volunteer

Other: _____

Years of experience leading campus/youth ministry:

0-2 3-5 6-10 11-15 16+

Place of Ministry: _____

Ministry Address: _____

City: _____ State: _____ Zip: _____

Ministry Phone #: _____

Arch/Diocese: _____

Do you hold a degree and/or certification in youth ministry or related field?

Yes No

Emergency Information

Emergency Contact Person: _____

Daytime Phone #: _____

Evening Phone #: _____

Allergies and/or Medical Needs: _____

Additional Information

Have you attended Notre Dame Vision CYM in the past?

Yes No

If yes, in which previous year(s) did you attend ND Vision CYM?

2011 2010 2009 2008 2007

Have young people from your high school, diocese, or parish attended Notre Dame Vision in the past?

Yes No I don't know

Referral Information

How did you hear about Vision CYM? Please check all that apply:

H.S. Campus Min., Teacher, or Principal NCYC 2009 (Kansas City)

Parish Youth Minister or Parish Priest NCYC 2011 (Indy)

Diocesan Director/Coord. of Youth Min. NCCYM 2008 (Cleveland)

Past Vision/CYM Participant NCCYM 2010 (New Or.)

Notre Dame Student/Alumni Vision/CYM brochure

University of Notre Dame website Vision/CYM website

Other: _____ Vision/CYM staff

Who recommended Notre Dame Vision CYM to you?:

Discounts

Please list the names of young people from your high school, diocese, or parish who will be attending any of the four sessions of Notre Dame Vision in the summer of 2012. For each student you send to Notre Dame Vision, you will receive a \$20 discount on your total Notre Dame Vision CYM fee. Each student may be listed on only one Notre Dame Vision CYM application.

- | | |
|-----------|-----------|
| 1) _____ | 12) _____ |
| 2) _____ | 13) _____ |
| 3) _____ | 14) _____ |
| 4) _____ | 15) _____ |
| 5) _____ | 16) _____ |
| 6) _____ | 17) _____ |
| 7) _____ | 18) _____ |
| 8) _____ | 19) _____ |
| 9) _____ | 20) _____ |
| 10) _____ | 21) _____ |
| 11) _____ | 22) _____ |

Housing

The University of Notre Dame offers double occupancy campus housing to Notre Dame Vision CYM participants. Recognizing that some participants may desire to secure single occupancy campus housing, Vision CYM offers a limited number of single occupancy rooms for an additional \$100 fee. Participants may also decline campus housing. Please select your housing option below:

- I accept double occupancy at Notre Dame Vision CYM.
- I would like to request this roommate: Last Name: _____ First Name: _____
- I do not have a particular roommate request. I understand that Vision CYM will assign me a roommate.
- I request to "upgrade" my campus housing to a single occupancy room. (Please add \$100 to your total registration fee)
- I decline the offer of housing from Notre Dame Vision CYM. I will secure my own accommodations.

Payment Information

Deposit (to be included with this application to reserve a spot): \$100

Registration fee for applications postmarked **on or before March 31, 2012**: \$325/person *not including deposit*

Registration fee for applications postmarked **on or after April 1, 2012**: \$350/person *not including deposit*

Payment Calculator

Deposit	\$100
Registration Fee	+ \$ _____
Single Occupancy Upgrade → \$100 (optional)	+ \$ _____
Number of young people you are sending to Notre Dame Vision: _____ x \$20	-- (\$ _____)
<hr/>	
Total Amount	= \$ _____

Signature of Applicant

Date

Please send completed applications and \$100 deposit to:

**Notre Dame Vision
334 Geddes Hall
Notre Dame, IN 46556**

Please visit the Notre Dame Vision website at <http://vision.nd.edu> for the full list of policies relating to applications, registration, cancellations, and program participation.

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