

NOTRE DAME VISION

2019 High School Program Individual Application

For Office Use Only:

Paid: _____ Due: _____

Preferred Session Please rank possibilities in order of preference from first to last (#1-4). Selecting a session indicates you will attend the entire session which runs from 5pm Monday through 12:30pm Friday. No exceptions. If your first option is not available, we will contact you to ask for your permission before enrolling you in another session.

_____ (i) June 17-21 _____ (ii) June 24-28 _____ (iii) July 8-12 _____ (iv) July 15-19

Youth Personal Information

Last Name: _____

First Name (for name tag): _____

Home Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Telephone #: _____

Youth Cell # (for use in summer): _____

Youth Email Address: _____

Birth Date (mm/dd/yyyy): _____

What year will you graduate High School?:

2023 2022 2021 2020 2019

Sex:

Female Male

T-Shirt Size (select one):

Small Medium Large

X-Large XXL 3XL

Religious Affiliation (Optional): _____

Have you attended Notre Dame Vision in the past?

Yes No

If yes, in which previous year(s) did you attend Notre Dame Vision?

2018 2017 2016 2015

Parent/Guardian Information

Parent/Guardian (1): _____

Parent/Guardian (1) Phone #: _____

Parent/Guardian (2): _____

Parent/Guardian (2) Phone #: _____

Parent/Guardian Email Address: _____

Emergency Information

Non-Parent Emergency Contact: _____

Non-Parent Emergency Phone #: _____

Relationship to Participant: _____

Parish and High School Information ("N/A" if not available)

Parish Name: _____

City: _____ State/Province: _____

Youth Minister/Contact Person: _____

Arch/Diocese: _____

High School Name: _____

City: _____ State/Province: _____

Campus Min./Contact Person: _____

Type of High School (select one):

Catholic Public Private (Non-Catholic)

Military Home School Public/Catholic (Canada)

Other _____

How did you hear about Vision? _____

Payment Information

Deposit (to be included with this application; non-refundable and non-transferable):\$100/person

Registration fee for applications postmarked **on or before April 6, 2019**\$350/person *not including deposit (\$450 total)*

Registration fee for applications postmarked **on or after April 7, 2019**\$375/person *not including deposit (\$475 total)*

Final payment is due no later than May 22, 2019

Housing

Notre Dame Vision provides double occupancy housing with the opportunity to request a roommate. Notre Dame Vision strives to honor participant roommate requests. Roommate requests may only be made at the time of submitting this application – changes are not permitted. If there are any discrepancies in roommate requests – e.g., conflicting or non-matching requests – the requests will be disregarded. Each participant may only request one roommate. Applicants are not required to request roommates (i.e., you can skip this portion of the application).

In the dorms assigned there are also often a number of single rooms for participants. If you are not open to being placed in a single room, please indicate that here.

I would like to request this roommate: Last Name: _____ First Name: _____

I do not have a particular roommate request. I understand that Notre Dame Vision will assign me a roommate.

I am not open to being placed in a single occupancy room.

ROOM REQUESTS ARE NOT GUARANTEED

I am applying to attend one week of the Notre Dame Vision Program in its entirety, from the opening session at 5pm Monday through the closing liturgy, which concludes on Friday at 12:30pm.

Signature of Applicant

Date

Please visit the Notre Dame Vision website at
<https://mcgrath.nd.edu/conferences/summer-institute/vision-youth-conference/>
for the full list of policies relating to applications, registration, cancellations, and program participation.

Please send completed applications and \$100 deposit to:

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

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