



PO Box 690240 • Tulsa, OK 74169 • 918-307-4939 • www.dioceseoftulsayouth.org

PARISH SUMMER CATECHETICAL PROGRAM 2020 Registration Form

To reserve a week for **Totus Tuus**, please complete this form and send with a deposit in the amount of **\$500 (per team)** to the Totus Tuus office. Registration is **NOT** complete until deposit has been received. Deadline for registration is **February 15, 2020**.

After determining which parishes are willing to offer the Sacraments for the integrity of the program, dates will be filled on a "first-come, first-served" basis. Therefore, we recommend that you reserve your desired week as soon as possible. Please make sure to complete *all* information (front and back of page) when filling out the form.

Please choose **three dates** and rank them 1 - 3 according to preference, with 1 being your first choice. Some parishes cannot be assigned their first choice, so alternative dates must be a viable option. Each form must have three dates selected. Your parish contact and pastor will receive letters via e-mail confirming the date assigned by March 1, 2020.

Choose 3 dates from below:

(please rank in order of preference)

___ June 13-20 ___ July 11-18

___ June 20-27 ___ July 18-25

___ June 27-July 3 ___ July 25-31

OFF July 4-July 11

Number of Teams Requested:

(please check only one)

- 1: serves up to 90 children in day program
- 2: serves up to 180 children in day program
- 3: serves up to 270 children in day program
- 4: serves up to 360 children in day program

PARISH INFORMATION

(Where will Totus Tuus be held?)

Parish/Church Name _____ Phone (____) _____

Street Address _____ City _____ Zip _____

Priest Contact _____ Pastor *(if different)* _____

Email Address _____

(over, please)

BILLING INFORMATION

(Where should all correspondence, including confirmation letters and invoices, be sent?)

Same as above.

Parish/Church Name _____ Phone (____) _____

Street Address _____ City _____ Zip _____

Attn: _____ Email Address _____

PARISH CONTACT

(Who is the Totus Tuus Coordinator for this location?)

Contact Name _____ Email _____

Contact Address _____ City _____ Zip _____

Phone 1 (____) _____ (type) _____ Phone 2 (____) _____ (type) _____

PARISHES SERVED

(Will any other parishes be joining yours for the summer program?)

NOTES

(Is there anything else you would like the Totus Tuus office to know?)

(For Pastor completion)

During the dates requested, I, the Pastor of the aforementioned parish(es) agree to the following with my initials:

____A priest(s) will be available to hear Confessions each day at 11:00am.

____A priest(s) will be available to celebrate Mass each day at 11:30am.

____A priest(s) will be available for Adoration and Confession Tuesday evening, 8:30-9:30pm.

____A priest(s) will be available for Exposition of the Blessed Sacrament Thursday, 1-2:30pm

____I have read and understand the payment schedule and cancellation policies outlined in the Blue Book on pages 18-19.

With these signatures, the Pastor and Parish Contact agree they BOTH have reviewed the policies and procedures set forth in the Blue Book and agree to said terms.

Signature of Pastor

Signature of Parish Contact