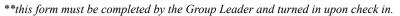


OUR LADY OF MT. CARMEL CAMP AND RETREAT CENTER

Youth / Student Breakdown of On-Site Campers





Ministry / Group Name:		Date:
When you arrive in the Elijah Building for che approved Adult Chaperone Verification Form	•	
 The numbers below should reflect the AC The numbers below must match the num the event day. The number of adults must match the num	ber of Waiver / Liabili	ty Forms submitted to the office prior to
 The total number of spots below must be registered. If you are utilizing more spots to 	*	1
Youth: Breakdown: Females	= Males	= Total Youth:
Adult: Breakdown: Females	= Males	= Total Adults:
Priests Attending:		Total Priests:
		Imber in Group On-site: ber must match actual number of persons on site)
OLMC Office Use Only: (check the below box Adult Chaperone, Event Speaker, Sur o Number of forms received matches o All forms are complete, all signature Waiver/Liability Form: number of form Letter of Good Standing: we have recepage. Youth / Student Breakdown Spreads o Confirm all numbers correspond for	mmer Camp Volunte "Total Adults" above es present, diocesan s ms received matches ceived Letter of Good heet: numbers of each	er Verification Form: estamp, and ID approval stamp. "Total # In Group/On-Site" above. d Standing for any priest listed on this ch gender are reflected correctly.
OLMC Admin Name:		
Signature:	Date:	
Notes:		