



Regional Encuentro Registration Form

THIS INFORMATION IS CONFIDENTIAL AND EXCLUSIVELY FOR THE USE OF THE YOUTH AND YOUNG ADULT MINISTRY OFFICE OF THE ARCHDIOSES OF ATLANTA AND FOR THE USE OF THE SOUTHEAST PASTORAL INSTITUTE (SEPI)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Diocese: _____ Parish: _____

Signature: _____ Date: _____

The donation is \$30 dollars per person

Pay: Yes _____ No _____

Please send this application with the check to the following address
or present it at time of the Encuentro.

Archdiocese of Atlanta
Office of Hispanic Ministry / Pastoral Juvenil Hispana
680 W. Peachtree St. N.W.
Atlanta, GA 30308