

St. Michael's Parish in Kalida is proud to host
25th Annual St. George Deanery Battle of the Youth
"Make a Record Attempt—Guinness Book of World Records"
October 3, 2010 Kalida Elementary School

**Registration
Form!**
Return bottom
half with
payment!

Battle of the Youth is a series of fun, sort of crazy athletic games with points award.

HERE'S WHAT EACH TEAM NEEDS TO KNOW:

1. You Need: 5 girls and maximum of 5 guys with an adult coach (at least 19 and out of H.S.). (If you can't get enough boys, you may add additional girls.) You may list alternate team members as well.
2. A team may consist of youth from more than one parish.
3. Team members do not have to be Catholic to participate.
4. Cost is \$40.00 for the entire team (that's \$4.00 per person)
5. Select a team name based on the battle theme.
6. Create team costume or t-shirts, team banner and team chant.
7. **Forms are due Thursday, September 23rd to St. Michael's or your Youth Minister**
8. Meet **behind** Kalida Elementary at 1:00 to register (park at the Holy Name Baseball Field parking lot on E. Price St.)
9. Free water and popcorn all day. A concession stand will also be available to purchase items.
10. Each team member **must** have an emergency medical form with their coach or youth minister.
11. Day concludes with dinner and awards ceremony!
12. Encourage your Pastor to join us!

Please mail registration form and a \$40 non-refundable fee to: St. Michael's Parish, Attn: Mary Siefker, P.O. Box 387, Kalida, OH 45853. Contact your youth minister or Mary Siefker (419-796-0180) if you miss the deadline to see if space is available. Give medical forms to coach or Youth Minister.

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(Cut here and mail bottom portion only with \$40.00)

REGISTRATION FORM

Adult coach (Must be 19 years old and out of high school) _____

Address _____ Phone _____

Parishes Represented: _____

Team Name _____

Names of 5 girls (must be in high school)

Names of 5 guys (must be in high school)

(Can have more than 5 girls - list here.)

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Alternates (optional)

Important: Team names cannot and will not be changed after registration and fee have been received. Medical Release Forms were sent to the parish. Please contact your parish for copies. Make checks payable to St. Michael Church. Please return this form and fee by September 23rd to: **St. Michael Parish, Attn: Mary Siefker, P.O. Box 387 Kalida, OH 45853. OR Your Parish Youth Minister**