

**Archdiocese of Baltimore 225th Anniversary &
O'Dwyer Retreat House 50th Anniversary Concert**

Ticket Request Form

Revised 7/1/14

Please Print Clearly

Group Name (Parish/College/Catholic High School): _____

Group Leader Name: _____

Email: _____ **Cell Phone:** _____

Youth/Campus Minister _____

Email: _____ **Cell Phone:** _____

Ticket Fee

Total participants (youth and adults) _____ **@ \$10.00 each =** _____

Total amount enclosed. = _____

Group Leader must check in Group at the registration table to receive entrance to the concert.
ALL PAYMENTS ARE NON-REFUNDABLE AND MUST ACCOMPANY THIS FORM

Checks should be made payable and mailed to: Division of Youth and Young Adult Ministry
320 Cathedral Street * Baltimore, Maryland 21201

I hereby certify that the chaperone/youth ratio will be six to one (6:1) for this group (name of group above)

Signature of Youth/Campus Minister

Date

Printed Name of Youth/Campus Minister

Archdiocesan Parish/School Group

I hereby certify that the employees and volunteers from this group (name of group above) have completed all of the requirements of the Archdiocese of Baltimore's child and youth protection policies and procedures for employees and volunteers who have substantial contact with children/youth.

Signature of Youth/Campus Minister

Date

Printed Name of Youth/Campus Minister