Date: _____

FORM #2

FINAL PAYMENT FORM

2013 National Catholic Youth Conference

ARCHDIOCESE OF INDIANAPOLIS

SIGNED.SEALED.DELIVERED. 2013 NCYC

Parish:_____ Group Leader Name:_____

Contact Phone:_____ Email:_____

Address:_____ City:_____ Zip:_____

Deanery:_____ Parish Number_____

Conference Packages:

Package A: 4 in a room is $420 per person **Thur. Night – Sat. Night** *(Youth or Adult Chaperone)*
Package B: 3 in a room is $470 per person **Thur. Night – Sat. Night** *(Adult Chaperones only)*
Package C: 2 in a room is $570 per person **Thur. Night – Sat. Night** *(Adult Chaperones only)*

Package D: 4 in a room is $470 per person **Wed. Night – Sat. Night** *(Youth or Adult Chaperone)*
Package E: 3 in a room is $535 per person **Wed. Night – Sat. Night** *(Adult Chaperones only)*
Package F: 2 in a room is $665 per person **Wed. Night – Sat. Night** *(Adult Chaperones only)*

Package G: Commuter Package $255 (**NO** hotel accommodations).

Total number of **Youth**: _____ Total number of **Adult Chaperones**: _____

Balance Due Calculator:

Package A:	_____ x $320.00 (after $100 deposit)	$_____
Package B:	_____ x $370.00 (after $100 deposit)	+$_____
Package C:	_____ x $470.00 (after $100 deposit)	+$_____
Package D:	_____ x $370.00 (after $100 deposit)	+$_____
Package E:	_____ x $435.00 (after $100 deposit)	+$_____
Package F:	_____ x $565.00 (after $100 deposit)	+$_____
Package G:	_____ x $155.00 (after $100 deposit)	+$_____
	_____ x $255.00 (no deposit)	+$_____
Number of Substitutions:	_____ x $20 fee	+$_____

All substitutions, regardless of date are subject to this substitution fee.
*Please use the **Group Updates Form (Form 4)** to document substitutions.*

Number of Late Registrations: _____ x $40 fee +$_____

Registrations received and/or enter online after 9/11/2013 are subject to this fee.

*Number of discounted registrations _____ (Total discount amt.→) - $_____

See Form 3 for instructions. If you have discounted registrations, you must attach Form 3 to this form.

****TOTAL AMOUNT DUE SEPTEMBER 11, 2013: = $ _____**

Final Payment Method (✓):
❒ Check: (*one check made payable to **"Archdiocese of Indianapolis"***)
❒ Parish/School Assessment: (*attach completed **Parish/School Payment Assessment Form (Form 8)***)

This form (Form 2) is to be filled out by the Group Leader **Due Date: September 11, 2013**
Don't forget to attach the following: **Final Payment** (Check or **Form 8**), **Form 3** (if applicable), updates to **Forms 4-6** (please list and highlight changes), and New or Revised Participant Forms (**9, 10 or 10S, 11 or 11S**).