



NCYC 2025 Registration Guide

1. Collect Forms

- Group leaders set their own deadlines for participants to complete the <u>Registration Information Collection Form</u>.
- Once collected, group leaders input participant details online: <u>tinyurl.com/GaryNCYCReg25</u>. Only the group leader needs to complete this step.
- The paper forms do not need to be submitted to OMDE; group leaders should keep them for their records.

2. Registration & Ticket Pricing

- After registering, group leaders receive an invoice based on the number of participants.
- The first 100 tickets are guaranteed at \$285 each. After that, the price follows NFCYM's tier schedule:
 - \$310 starting January 1, 2025
- \$360 starting September 1, 2025
- \$335 starting May 1, 2025
- \$410 starting October 16, 2025
- Group leaders have three months to submit payment after receiving an invoice to secure tickets.
 - After August 1, 2025, payment is due within 10 days of invoicing.

3. Payment Instructions

- Collect funds from participants/fundraisers.
- The parish or school must submit a check payable to "Diocese of Gary" with "NCYC 2025" in the memo.
- Send or drop off the check to:

Diocesan Pastoral Center

Attn: Vicky Hathaway

9292 Broadway

Merrillville, IN 46410

To pay online, talk to Vicky.

4. Scholarships

- If applying for NFCYM scholarships, <u>inform Vicky ASAP</u>. Invoice adjustments may be needed.
- NFCYM Scholarship information can be found at: https://ncyc.us/scholarships

5. Additional Registrations & Refund Policy

- Registrations can be added anytime, subject to ticket and hotel availability.
- No refunds are available, but groups may transfer tickets to others in need.

6. Housing & Finalization

- Housing and diocesan registration fees will be invoiced after NCYC.
- Groups should be finalized by September 26, 2025.
- Final housing numbers are due in October 1, 2025.
- Registrations close on November 1, 2025, or when hotel rooms are full.



Diocese of Gary NCYC 2025 Registration Information Collection Form

Group leaders: please distribute this form to all of your NCYC participants- teens and adults. Collect this form from them, as it contains all information needed for you to complete the online form (which will be sent to group leaders). Once your information is submitted online, you do not need to submit this paper form.

Parents/Teens: direct all questions to your parish/school group leader.

Last Name:	PARTICIPANTS: THIS FORM IS DUE T	OON OR BEFORE				
Guardian's email (for adults, use your own):	Parish/School:					
Guardian's email (for adults, use your own):	(Legal) First Name:	Last Name:				
Mailing Address: City:	Name for Badge: Guai					
City:	Is interpretation needed? \square No \square Yes to \square	Spanish Yes to ASL Birthday (MM/DD/YYYY):				
Participant Cell Phone: Type: Youth (In high school during the 2025/2026 school year) Adult Clergy Gender: Female Male Ethnicity: Asian/Pacific Islander African American/Black Hispanic/Latino Native American White/Caucasian/European-American Multi-Ethnic Not Known Prefer Not to Say Other Emergency Contact Name: Relation Emergency Contact Phone: Needs to be Aware of: Not Applicable Wheelchair Access Required Hearing Impaired Deaf Blind/Visually Impaired (requiring more than contact or glasses) Limited Mobility Gluten Free T-Shirt Size (Adult Size): Small Medium Large X-Large 2XL 3XL YOUTH ONLY Grade at time of NCYC (Nov. 2025): 9th 10th 11th 12th Youth Email: Last Name: Last Name: Phone Number: Email: Check box if address is different from child's Parent/Guardian 2: First Name: Last Name Phone Number: Email:	Mailing Address:					
Type: Youth (In high school during the 2025/2026 school year) Adult Clergy Gender: Female Male Ethnicity: Asian/Pacific Islander African American/Black Hispanic/Latino Native American White/Caucasian/European-American Multi-Ethnic Not Known Prefer Not to Say Other Emergency Contact Name: Relation Emergency Contact Phone: Needs to be Aware of: Not Applicable Wheelchair Access Required Hearing Impaired Deaf Blind/Visually Impaired (requiring more than contact or glasses) Limited Mobility Gluten Free I-Shirt Size (Adult Size): Small Medium Large X-Large 2XL 3XL YOUTH ONLY Grade at time of NCYC (Nov. 2025): 9th 10th 11th 12th Youth Email: Last Name: Phone Number: Email: Check box if address is different from child's Parent/Guardian 2: First Name: Last Name Phone Number: Email:	City:	State: Zip:				
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White/Caucasian/European-American Multi-Ethnic Not Known Prefer Not to Say Other Emergency Contact Name:	Gender: 🗌 Female 🔲 Male					
Emergency Contact Name:	Ethnicity : 🗌 Asian/Pacific Islander 🔲 Africa	an American/Black 🗌 Hispanic/Latino 🗌 Native American				
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Blind/Visually Impaired (requiring more than contact or glasses)	Emergency Contact Phone:					
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Parent/Guardian 2: First Name:Last Name Phone Number:Email:	Phone Number:	Email:				
Phone Number:Email:	Check box if address is different from c	child's				
	Parent/Guardian 2: First Name:	Last Name				
Check box if address is different from child's	Phone Number:	Email:				
	Check box if address is different from ch	nild's				
If address is different from child's please complete the back of this form.	If address is different fro	om child's please complete the back of this form.				
Clergy: Not Applicable Priest Deacon Rel. Brother Rel. Sister						

Group Leaders: please use the information above to complete the online registration. Refer to the DIOCESE OF GARY NCYC 2025 PARTICIPATION DEADLINES document for details.

Additional forms will be mailed and collected in fall. Specific details about the diocesan trip will also be communicated in the fall. All pertinent information about the diocesan trip, as well as links to info about NCYC, is made available at our diocesan NCYC website: garyoyya.org/ncyc. Questions? Contact Vicky Hathaway, Diocese of Gary, vhathaway@dcgary.org

If parent/guardian's address is different from child's please complete this form.

Parent/Guardian 1 Name:			
Mailing Address:			
City:			
Parent/Guardian 2 Name:			
Mailing Address:			
City:	C1-1	Zip:	