

UNIVERSITY OF ST. THOMAS · ST. PAUL, MN · JULY 24-26, 2026



WHAT IS STEUBENVILLE?

Steubenville is about developing the gifts we receive at Baptism and are sealed at Confirmation. We will hear from dynamic Catholic speakers who will instruct and challenge us in *prayer, chastity, service, and the power of the sacraments*.

You will discover that Christianity is not for the weak and timid, and it is NOT boring! Your eyes will be opened to the gifts God has specifically given YOU. Get ready for your world to be turned upside down! We go to St. Thomas University in St. Paul Mn and they have sold out their tickets.

REGISTER NOW!

1. Fill out the attached registration form

2. Send registration form:

St. Francis Xavier Basilica
Attn: Tami Kelchen
104 3rd St. SW
Dyersville, IA 52040

TOTAL COST IS \$325

Conference Registration, six meals
two t-shirt to wear on Friday and Saturday
Meal on the way home

FREE—Charter Bus, driver tip and bus driver's hotel room. We received a grant from the Burns Donovan Foundations for our transportation!

OTHER—Additional costs during the weekend of the conference will be Friday's lunch when we stop on the way to St. Paul. And any souvenirs you would like to purchase and snacks on Saturday afternoon.

If you need to make payments please pay at least \$100 each time you make a payment. Two payments of \$100 and one of \$125

HOW TO APPLY

Fill out the application and send a short note with it telling us why you want to go to Steubenville this year. What it would mean to you.

QUESTIONS

Call or email Tami Kelchen, Spires of Faith Director of Faith Formation and Youth Ministry at:
Dbq067ff@dbqarch.org or 563-875-7325

Steubenville 2025 Teen Registration

Student Name: _____ Male Female

Student Cell Phone: _____ Student Email Address: _____

Home Address: _____

City/STATE/Zip: _____

Student Birthday: _____ Current Age: _____

How many Steubenville Conferences have you attended? _____

Grade Fall 2026: _____ Graduation year: _____

T-shirt Size (circle one): s m l xl xxl

Emergency Contact Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Mother's name: _____ Mother's cell #: _____

Mother's Home #: _____ Mother's Work #: _____

Mother's Email Address: _____

Father's name: _____ Father's cell #: _____

Father's Home #: _____ Father's Work #: _____

Father's Email Address: _____

Special Diet: Gluten Free Vegetarian Dairy Free Nut Free

Allergies: _____

Current Medications: _____

Chronic Medical Problems: _____