

Diocese of Worcester
Youth Day – Saturday October 23, 2010
Registration Form

PLEASE PRINT CLEARLY

REGISTRATION DEADLINE: OCTOBER 15, 2010

NAME: _____ Youth Adult (please circle)

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

SCHOOL ATTENDING: _____ GRADE: _____

PARISH: _____

PERSON RESPONSIBLE FOR PARISH GROUP: _____

CELL PHONE: _____ PHONE NUMBER: _____

PLEASE CIRCLE T-SHIRT SIZE _____ S M L XL 2XL

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PARENT/GUARDIAN (please circle)

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PLEASE SPECIFY ANY FOOD ALLERGIES AND/OR SPECIAL DIETARY NEEDS:

ALLERGIES: _____ NUTS OTHER FOODS _____

Please specify other dietary needs: _____

ADULTS: I can volunteer to help serve lunch _____

PLEASE FILL OUT ONE FORM FOR EACH ATTENDEE (Youth or Adult Chaperone) AND RETURN ALL FORMS AND PAYMENT (\$25.00 PER ATTENDEE) TO:

OFFICE FOR YOUTH MIINISTRY, 120 HILL STREET, WHITINSVILLE, MA 01588.

Make checks payable to: OFFICE FOR YOUTH MINISTRY

OFFICE USE ONLY: DATE RECEIVED _____ CHECK

_____ AMOUNT _____

TOTAL NUMBER OF PARTICIPANTS IN GROUP: _____

YOUTH: _____

ADULTS: _____