



LIFE TEEN
Registration 2016 - 2017
High School Youth Group
9-10-11&12th Grades



YOUTH'S FULL NAME _____ NICKNAME _____

BIRTH DATE _____ GENDER _____ GRADE _____ T-SHIRT SIZE _____

SCHOOL _____

YOUTH'S EMAIL ADDRESS _____

YOUTH'S CELL PHONE NUMBER _____

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Explain fully:

Sacraments and date received: (circle each received)

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Are you registered members of the Catholic Church of the Holy Spirit? Yes / No

Family's Last Name _____ Home Phone Number _____

Address _____ City, State ZIP _____

Father's Full Name _____ Mother's Full Name _____

Father's Cell Phone _____ Mother's Cell Phone _____

PRIMARY PARENT EMAIL: _____

Emergency contact and relation to participant _____

Life Teen Registration Fee \$25.00 per child

Make Checks payable to: *Catholic Church of the Holy Spirit Youth Ministry*. Registration forms and fees are due by October 23rd, 2016. Please turn in to Deacon Bob Gregerson at the parish office or at Life Teen.



For Office Use:
Amount Paid _____ Cash/Check # _____ Date Received _____