



Catholic Youth Renovation Project

REGISTRATION FORM

June 25 – June 30, 2017

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ (Text? Y/N)

E-mail address: _____ T-shirt size: _____

Church: _____ Have you participated before? _____

School: _____ Previous Grade level: _____

Parents/Guardians:

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

\$100 Application Fee Pd: Cash \$ _____ or Ck # _____

Liability Waiver turned in: _____

Information Mtg attended: _____