

IN HIS IMAGE

JUNIOR HIGH NET RETREAT REGISTRATION FORM

NAME: _____

GRADE: _____ BIRTHDATE: _____ MALE FEMALE

PARENT/GUARDIAN NAME(S):

ADDRESS: _____

PRIMARY PHONE: _____ ALTERNATE PHONE _____

PARENT EMAIL: _____

WHAT PARISH ARE YOU A MEMBER OF? _____

ALTERNATE EMERGENCY CONTACT PERSON (**NOT** A PARENT)

PHONE: _____ ALT. PHONE: _____

WE WILL BE PROVIDING LUNCH, A SNACK AND AN OPTIONAL DINNER. PLEASE TELL US
IF YOUR RETREATANT HAS ANY DIETARY RESTRICTIONS:

ANY ADDITIONAL INFORMATION WE MAY NEED TO HELP SERVE YOUR CHILD?
(I.E. MEDICAL ISSUES, ALLERGIES ETC.)

*Please note, a medical release and permission form **MUST** be filled out and
on file before students participate in the retreat.*