

Registration Form

Parish Women's & Men's Weekend

Name _____ Sex: M F
(Include maiden name, if applicable.)

Spouse _____ *(if applicable)*

Address _____

City

State

Zip Code

Phone _____(h) _____(w)

_____ (cell)

Email address _____

Dates of weekend _____

Emergency contact _____

Phone numbers of emergency contact _____

Emergency contact email _____

List below any particular needs (dietary or otherwise):

Circle: Yes/No I am a registered, active member of St. Mary Parish.

If no, what parish/church do you attend? _____

Applicant's signature _____ Date _____

Registration fee is \$55.00. The fee is due with this form and is non-refundable.
Your fee helps the parish to defer some of the cost of your room and four meals.
You will be given an opportunity on your weekend to further support C.R.H.P.

**If you are unable to pay, just let a team member know
or mark it on your registration form.**

**Return this registration form with the registration fee to
St. Mary Parish Offices, 8246 E. Main St., Alexandria, KY 41001, c/o C.R.H.P.**