



Youth Ministry Registration

Please print legibly and complete both sides of the forms.

DATE: March 2019 – August 2020

Teen Participant

Name: _____
First Middle Last Name Preferred Name for Nametag

Home Phone: _____ Cell: _____

Email: _____ T-shirt size _____

Address: _____
Street Address

_____ *City State Zip Code*

School: _____ Grade: _____ Date of Birth: _____

Participant lives with: (Circle one.) Mother Father Mother & Father Guardian

Circle Sacraments Needed: Baptism Reconciliation Communion Confirmation

Parents / Guardian

Mother Name: _____
First Middle Last Name

Email: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Please circle best number above.

Address: (If different than child) _____
Street Address

_____ *City State Zip Code*

Father's Name: _____
First Middle Last Name

Email: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Please circle best number above.

Address: (If different than child) _____
Street Address

_____ *City State Zip Code*