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# REGISTRATION

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## Our Lady on the River Youth Group

NAME:

DOB:

GRADE:

PHONE:

EMAIL:

ADDRESS:

What location(s) do you go to (circle all that apply)?

St. Mark Chapel   St. Catherine Church   Holy Cross Church   Other

Are there any allergies that we should know of?

PARENT NAME:

EMAIL:

PHONE:

EMERGENCY CONTACT:

NAME:

RELATIONSHIP:

PHONE: