



Registration Form for 2011-2012 Youth for Truth

St. Peter's Catholic Church
6th, 7th, and 8th Grade Youth Ministry

Name: _____

Nickname: _____

Age: _____

Birthday: _____

Grade: _____

School: _____

Known Allergies: _____

Address: _____

City, ST Zip: _____

Parent/Guardian Name: _____

Parent(s)/Guardian(s) Email Address(es): _____

Child's Email Address(es): _____

Home Phone: _____

Cell Phone: _____

Alt. Emergency Contact: _____

Alt. Emergency Phone: _____

For More Information, contact:
Stephanie Judice
201.6848