

Timothy 4 Registration Form- October 28-30, 2016

Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Class \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

Do you have any unusual dietary requirements, medical history, medication, or major allergies?  
If so please specify below:

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I hereby authorize my son/daughter to attend the Timothy 4 retreat weekend

\_\_\_\_\_

The cost of the weekend is \$30.00 per child

Deadline for submission of registration form and fee is October 16, 2016

Make checks payable to St. Joseph Cathedral Timothy 4 retreat

Please send form with check in the enclosed envelope with ATTENTION JULIE GRAMLICH-Tim.4