

LUKE 18 REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY& STATE & ZIP \_\_\_\_\_

PHONE #'S \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

GRADE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE #'S \_\_\_\_\_

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 Luke 18 retreat weekend.

The cost of the weekend is \$40.00 per child.

Deadline for submission of registration form and fee is February 10,2017.

Make checks payable to St. Joseph Cathedral-Luke 18

Mail or send registration with checks to:

Julie Gramlich

St. Joseph Cathedral

2305 West Main

Jefferson City Mo. 65109

Please do not send registration and checks to school office.