

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:

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 23,2018.

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.