

REGISTRATION FORM

Complete the entire form below and return it to the Church office. Please PRINT legibly. You may also register via email – CHRP@stjoeparish.net

FIRST NAME _____

NICKNAME (for nametag) _____

LAST NAME _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

E-MAIL _____

Are you a registered parishioner? Yes ___ No ___

Please list any special physical or dietary needs or requirements. We will make every effort to accommodate these requests.

In case of emergency, contact the following:

Name _____

Relationship (friend, spouse) _____

Phone (home) _____

Phone (cell) _____

Phone (work) _____