

HOPE

St. Maria Goretti
7th and 8th Grade YOUTH GROUP
2009-2010

**OFFICE
USE**

Date Received: _____

Check #: _____

FEE: \$50⁰⁰ Per Youth. Registration is NOT complete without it. Please make checks payable to SMG.
A Late Fee of \$5 will be added after the Deadline of September 4th, 2009

Please print

Youth's Name: _____ Male ___ Female ___
Last First (name you prefer)

Date of Birth: ____ / ____ / _____ Age: ____

School Attending 2009-2010 _____ Grade as of August 2009 _____

Sacraments Received: Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

Please print

Parent's Name: _____
Last Father Mother

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Parent Cell Phone: (_____) _____ - _____

Work Phone (Father): (_____) _____ - _____ Work Phone (Mother): (_____) _____ - _____

Youth e-mail address: _____

Parent e-mail address: _____

All families must be registered in the parish through the parish office!!

PARENTS!!! HOPE NEEDS YOU!!!!!!! Below are some areas of needs, please mark where you can help:

_____ Providing snacks/drinks for weekly meetings (you will be put on a rotation)

_____ Providing / Preparing food for retreats/social events

HOPE MEETS ON WEDNESDAY EVENINGS FROM 7 – 8:30 PM.

OVER

