

SAINT ELIZABETH ROMAN CATHOLIC CHURCH
PO Box 780, Uwchlan, PA 19480

____ FLY (7th & 8th GRADE YOUTH GROUP)
____ FISH (HIGH SCHOOL YOUTH GROUP)

Student Membership Form: 2010-2011

Member's Full Name: _____

Date of Birth: _____

Gender: ___ Male ___ Female

Address: _____

Home Phone _____

Student's Information (used for communication of events/updates)

Cell Phone: _____

E-Mail _____

School attending in 2010-2011: _____

Grade: _____

Adult responsible for the teen's religious education (if differ from information on reverse)

Name: _____

Phone: _____

Address _____

Has this teen received the sacraments of:

Baptism _____ First Eucharist _____ Confirmation _____

Please indicate any specific concerns which our Youth Ministry Team should be aware of for your teen:

I give permission for pictures of my teen taken as a part of youth ministry activities to be used in any promotion of parish youth activities including the website.

Signature _____ Date _____

Please return one registration form for each Youth Group Member.

A \$50 membership fee and complete medical form, per teen, is due with registration.

With a completed registration - members receive discounted rates for all events/programs!

For Office Use Only:

Date Received: _____ Amount Paid: _____ Check #: _____