



Leading Teens Closer to Jesus Christ

ST. MARTHA LIFETEEN YOUTH MINISTRY REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____ Date of Birth: _____ Grade _____

Address: _____ City, State Zip: _____

Home Number: _____ Cell Number: _____

Mother's/Guardian's Name: _____ Father's Name: _____

Parent's Cell Number: _____ School: _____

Your E-mail: _____ Parent's E-mail: _____

I have received: ___ Baptism ___ First Communion ___ Confirmation

My T-Shirt size is: ___ Youth Large ___ Small ___ Medium ___ Large ___ XL

What are your hobbies?

Do you play any club/school sports or are involved in any groups or clubs in school? If so, which ones?

Do you play a musical instrument or sing? If so, which one?

PARENT/GUARDIAN:

By signing below, you grant us permission to send updates and other communication about group activities to your email address or allow us to call you or your child for updates/reminders:

_____ Date: _____

Signature

Please Print Name