

Retreat Registration Check-List & Summary

Parish City/ State: _____
Parish Church: _____
Priest: _____ **Cell:** _____
Lead Advisor: _____ **Cell:** _____
Home Phone: _____ **email:** _____

Please Print Neatly. Duplicate this form as needed!

	Last Name/ First Name (please list Advisors/ Chaperones first)	A-Advisor C-chaperone G-GOYAN	Grade	M / F	Reg. Form	Cov.	Waiver	Insur. Card	Med. Form	pd
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