UPWARD BOUND-THE COLLEGE YEARS
Retreat Registration Check-List & Summary

Parish City/ State:_____
Parish Church:_____
Priest:_____
Office Phone:_____ **email:**_____

Please Print Neatly. Duplicate this form as needed!

	Last Name/ First Name		Female	Male	Registration Form	Med. History Form	Insur. Card Copy	Cov.	Waiver	pd
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