

NCYC 2011

Individual Registration Form

Archdiocese of Milwaukee

Region: 7

Last Name: _____

First Name: _____

Middle Initial: _____

Parish/School: __St. Francis Borgia Parish, Cedarburg__

Group Leader: __Maria Spenner_____

Group Leader E-mail: _____spennerm@archmil.org_____

Address: _____

City/State/Zip Code: _____

Date of Birth: __/__/____

Mother/Guardian First Name: _____

Mother/Guardian Last Name: _____

Father/Guardian First Name: _____

Father/Guardian Last Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Alternate Phone: _____

Access Needs (Check all that apply)

- Wheelchair Access
- Visually impaired
- Mobility impaired
- Hearing impaired/interpretation needed

Check all that apply:

- Youth
- Adult
- Male
- Female
- Priest
- Bishop