

# St. Matthew Youth Group

## Registration 2009-2010

*PLEASE PRINT AND FULLY COMPLETE*

Registration Fee is \$20 per participant

### Participant Information

Participant's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:    Male    Female

Year in School: \_\_\_\_\_ School: \_\_\_\_\_

Participant's e-mail: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Facebook Name: \_\_\_\_\_

Preferred method of contact:     E-mail     Facebook

### Parent/Guardian Information

Father's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_