

JOURNEY THROUGH HOLY WEEK!
A HOLY WEEK RETREAT

SATURDAY, APRIL 4, 2015

REGISTRATION FORM

**(Please return this form to your Sunday School Teacher or submit to
stspeterandpaulsundayschool@hotmail.com)**

NAMES OF CHILDREN WHO WILL ATTEND

1. _____ grade this year _____
2. _____ grade this year _____
3. _____ grade this year _____
4. _____ grade this year _____
5. _____ grade this year _____

Name of Parent(s) _____

Phone Number _____

Emergency # _____

Allergies and/or Other Concerns _____

Does your child(ren) carry an EpiPen or TwinJect pen? ___Yes ___No

Please ensure that that your child(ren) has eaten before arriving as there will not be a potluck lunch this year.

FOR STUDENTS IN GRADE 9 AND ABOVE, AND ALL VOLUNTEERS

NAME: _____

TELEPHONE # _____

EMAIL: _____

(Thank you for volunteering. We will contact you prior to the Retreat to discuss your involvement.)