



**Registration Form**  
**Holy Trinity Catholic Church**  
**Youth Group 2018-2019**

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other responsible party: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Youth participant: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ in \_\_\_\_\_

\_\_\_\_\_ **2018-19** \_\_\_\_\_

Notes: \_\_\_\_\_