



## Good Shepherd Catholic Church

Date: \_\_\_\_\_

**Women's Weekend October 11-12, 2025**

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**Check one**

**Men's Weekend October 18-19, 2025**

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### Your Information:

Name:	
Address:	
Phone Number(s)	
E-Mail	
Have you ever attended CRHP before? Yes _____ No _____	

### Religious Affiliation:

NOTE: "ALL DENOMINATIONS ARE WELCOME"

Catholic	<input type="checkbox"/>	<b>Check one</b>
Non-Catholic	<input type="checkbox"/>	

### Emergency Contact Information:

Name (Relationship)	
Phone Number(s)	
Email	

### Special Needs or Considerations:

Medical Conditions	Briefly Explain
Special Diet Needs	Briefly Explain
Sleeping Needs	Briefly Explain
Other	Briefly Explain
<i>Notice: Meals served on the weekend are cafeteria style, we can generally meet vegetarian requirements but cannot guarantee specific food allergen or other specific dietary requirements.</i>	
Invited/Referred by:	

Thank you for registering for the CRHP Weekend

Please Fill out this form completely and legibly then return using one of the following:

1. Email as attachment to the CRHP Invitations Coordinator or Contact:

Women's Contact: Jennifer Whittaker / CRHP@gsparishtlh.org /850-766-8300

Men's Contact: Clarenc Gagni/CRHP@gsparishtlh.org/ 321-432-8017

2. Return to the person who sent it to you (print or email)
3. Return to Good Shepherd Office.