



Good Shepherd Catholic Church

Date: _____

Women's Weekend April 18th & 19th

Check one

Men's Weekend April 25th & 26th

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"/>	Check one
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

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.

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: Dunia Gonzales /CRHP@gsparishtlh.org / 850-728-3484

Men's Contact: Clarence 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.