

**SENIOR HIGH SCHOOL YOUTH MINISTRY REGISTRATION FORM
2014-2015**

Please return this registration form to Mrs. Judy Pluta c/o St. Catherine of Siena Church,
265 Stratton Brook Rd, Post Office Box 184, West Simsbury, CT 06092.

Name _____

Please check one _____ Parishioner _____ Non-Parishioner

Graduation year ____ 9th (2018) ____ 10th (2017) ____ 11th (2016) ____ 12th (2015)

School _____

Home Mailing Address _____

Email address where I can send you youth group information and weekly newsletter
PRINT VERY CLEARLY PLEASE

PRINT your email address a **second time** right here please

Do you play an afterschool sport? If so, what season?

Home phone number where I can leave a message to let you know about any youth
group activities or cancellations

Your cell phone number (if you have one) _____

A home email address for your parents in case I have to solicit a permission slip or get
last minute information to your parents fast.
