C.Y.R.P.

Catholic Youth Renovation Project
REGISTRATION FORM

Name: _____ Date of birth: _____

Address: _____City:_____State:_____Zip:_____

Home Ph: _____ Student Cell Ph: _____

E-mail address: _____ T-shirt size: _____

Church: _____ Have you participated before? _____

School: _____ Grade (next yr): _____

Parents/Guardians:

Father's Name: _____Cell Phone: _____

Mother's Name: _____Cell Phone: _____

Other emergency contact: Name: _____ Ph:_____

Each family must provide at least one **adult volunteer who can help in one of these ways:
(*"Protecting God's Children" training will be provided.)*

Name	Jobsite Leader *	Help w/ lunches	Help w/ snacks	Help w/ dinner	Help w/ clean up	Help w/ transportation

*Greatest area of need

_____

Application Fee Pd: Cash $_____ or Ck # _____ Amt:_____

Liability Waiver turned in: _____ Insurance card copy: _____

Information Mtg attended: _____