

## Chaperone Registration Form

*March for Life – Jan. 19, 2024*

### CHAPERONE FOR:

\_\_\_\_\_  
(school or parish name)

\_\_\_\_\_  
(city/town)

Chaperone Name: \_\_\_\_\_  
Title (Mr., Mrs., Miss, Rev., etc.) First Name Last Name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/Town State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Your Parish/Location: \_\_\_\_\_ / \_\_\_\_\_



**I am (check one):** \_\_\_\_\_  
\_\_\_\_ faculty (position: \_\_\_\_\_)  
\_\_\_\_ parent  
\_\_\_\_ other (describe: \_\_\_\_\_)

**I have filled out and signed:** \_\_\_\_\_  
\_\_\_\_ CORI form on file on file with the Office for Healing and Prevention  
\_\_\_\_ Ministerial Code of Conduct (on file at: \_\_\_\_\_)

*These forms are available from your parish or your Catholic School administrator.  
Both are required to be filled out and on file in order to participate in chaperoning this trip.*

Cell Phone: \_\_\_\_\_  
(please give this number to students in your care while on trip for emergency purposes only)

*Please return registration form and bus fee for each seat reserved to:*

**Respect Life Office – Diocese of Worcester**  
**49 Elm Street**  
**Worcester, MA 01609**

*Checks may be made payable to: Respect Life Office*

**REGISTRATION DEADLINE DECEMBER 15**

**BUS FEE:** \$125 per seat

Amount enclosed: \_\_\_\_\_

☐ cash ☐ check # \_\_\_\_\_

### FOR OFFICE USE ONLY

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

Individual / Group / School /  
Parish / Family / Other