

**MARCH FOR LIFE – Jan. 19, 2024**  
**REGISTRATION FORM**  
*(individual adult participants)*



**Name:**

\_\_\_\_\_  
Title (Mr., Mrs., Miss, Rev., etc.)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**E-mail:**

**Home Phone:**

**Cell Phone:**

**Emergency Contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
phone

\_\_\_\_\_  
relationship

**Parish (or Organization)/Location:**

*STUDENTS (age 18 and younger) are required to submit a completed **STUDENT PERMISSION SLIP** in lieu of this form (this is a separate form which is available from your March for Life contact person or download at [www.worcesterdiocese.org/respect-life](http://www.worcesterdiocese.org/respect-life)). **CHAPERONES** must complete the **CHAPERONE FORM** in lieu of the individual registration.*

*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*

**BUS FEE:     \$125   per seat**

***REGISTRATION DEADLINE: DECEMBER 15, 2023***

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

☐ cash   ☐ check # \_\_\_\_\_

***FOR OFFICE USE ONLY***

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

*Individual / Group / School /  
Parish / Family / Other*