

MARCH FOR LIFE 2024 - PARISH GROUP LISTING FORM



Parish Name: _____
Parish Address: _____
Parish Phone: _____
Parish Fax: _____
Parish E-mail: _____

March for Life Coordinator Name: _____

Cell Phone: _____ E-mail: _____
(PLEASE PROVIDE THIS NUMBER TO THOSE TRAVELING WITH YOU)

ADULTS ATTENDING (PLEASE PRINT):

(each adult should complete an individual registration form OR chaperone registration form if applicable)

Name:	Cell Phone #:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

STUDENTS ATTENDING (PLEASE PRINT):

(each student age 18 and under must complete a student permission slip)

Name:	Grade:	Cell Phone #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____