Chaperone Registration Form

March for Life – Jan. 23, 2026

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 12

BUS FEE: $150 per seat

Amount enclosed: _____

☐ cash ☐ check # _____

FOR OFFICE USE ONLY

Date received: _____

Individual / Group / School / Paris h / Family / Other