



“Proudly Celebrating the Past

Faithfully Committed to the

Sisters of the Holy Family Day of Service

March 18, 2017

INDIVIDUAL OR FAMILY REGISTRATION FORM

Please complete the enclosed forms and return to the **Sisters of the Holy Family Motherhouse, 6901 Chef Menteur Hwy, New Orleans, LA 70126** or return forms via email to **ctkirkland_msw@yahoo.com** or **genevajames82@gmail.com** or fax to (504)241-9774 by March 3, 2017. Someone will contact you upon reception of your registration.

___ **Individual** **Age:** ___

Name _____ Email _____@_____

Cell # () ___ - _____ Home # () ___ - _____ Work # () ___ - _____

Parish _____

___ **Family** **Number in Family:** _____

Contact Person _____ Email _____@_____

Phone # () ___ - _____ Cell # () ___ - _____

Name of each family member	Age	Name of each family member	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***All students/minors must be registered as a part of a parish, school, or family group.
NO UNACCOMPANIED MINORS WILL BE ALLOWED TO PARTICIPATE.***



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GROUP REGISTRATION FORM

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Circle one: SCHOOL GROUP PARISH YOUTH GROUP PARISH GROUP

Name of School Group/Youth Group/Parish Group _____

Number of Participants _____ Age Range _____ - _____ Grades _____ - _____

Contact Person _____ Cell # () _____ - _____

Home # () _____ - _____ Work # () _____ - _____

Email _____@_____

Number of Chaperones _____ (Ratio 1:10)

***All students/minors must be registered as a part of a parish, school, or family group.
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