

**St. Patrick Church
Youth Group Registration Form
Grades 10 – 11 – 12**

General Information:

Name of Student: _____ Grade in Fall: _____

Parent Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Parent Email address: _____

Parent Phone: _____

Youth Email address: _____

Youth Phone: _____

*** (Parents and youth will receive information/reminders regarding youth group activities and events only. Please provide both parent and youth contact information.)*

Registered Member of St. Patrick's Parish in Gretna:

Yes No If no, please call Tina at the Parish Office to register. 402-332-4444

Fee \$30.00

Please make check payable to St. Patrick's Youth Group.

Office use only:

Fee paid _____

Liability form received _____