

**Registration For Alive's
Catholic Heart Work Camp Trip 2005
July 17- 23, 2005**

Teen's Name _____ T-shirt size (Adult) _____

Address _____

Teens E-mail Address: _____

Home Phone Number _____ Age _____
Grade _____

Mothers Name and Address: _____

Mother's E-mail Address _____

Work/Daytime Number: _____ Cell Phone _____
Number _____

Fathers Name and Address: (If different from above)

Father's E-mail Address _____

Work Phone Number _____ Cell Phone Number _____

Who has legal custody of teen? Give Name. _____

Please list any allergies your teen has and what to do in the case of an allergic reaction.

