



Good Shepherd Catholic Church

Women's Weekend

Check one

Men's Weekend

Your Information:

| | |
|-----------------|--|
| Name: | |
| Address: | |
| Phone Number(s) | |
| E-Mail | |

Emergency Contact Information:

| | |
|---------------------|--|
| Name (relationship) | |
| Phone Number(s) | |
| Email | |

Special Needs or Considerations:

| | |
|--------------------|-----------------|
| Medical Conditions | Briefly Explain |
| Special Diet Needs | Briefly Explain |
| Sleeping Needs | Briefly Explain |
| Other | Briefly Explain |

| | |
|----------------------|--|
| Invited/Referred by: | |
|----------------------|--|

Thank you for registering for the CRHP Weekend

Please Fill out this form completley and legibly then return:

1. Email as attachment to:

Contact: *Mike Murphy / murphy_michaelj@yahoo.com / phone 850.228.4290*

2. Return to the person who sent it to you (print or email)

3. Return to Good Shepherd Office.