HOLY GUARDIAN ANGELS MISSION
CATHOLIC YOUTH ORGANIZATION

REGISTRATION FORM:

Name_____ _____ _____
First Middle Last

Address _____ _____
Street City

Telephone _____ _____
Home Cellular

CYO member's Email Address_____

Date of Birth_____

School Attending_____ **Grade**_____

Church Parish_____

Parent/Guardian Name_____

Parent's Email Address_____

Parent's Signature_____

To become a member of the Holy Guardian Angels Mission CYO, please fill out and return this form to Mrs. Melinda Bran, Adult Advisor.

Guardian Angel Prayer
Angel of God my Guardian dear
to whom God's love commits me here.
Ever this day be at my side to light
and guard to rule and guide. Amen