



**Diocesan Confirmation  
Retreat March 14, 2020**

**Student Registration Form**

**Student Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Parish/City \_\_\_\_\_

Grade \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender M / F

Home phone \_\_\_\_\_

Student cell \_\_\_\_\_

Food Allergies or Dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**This form must be completed and returned to your parish DRE/Confirmation Coordinator with the Parent Permission form, Medical Authorization form and registration fee of \$60.00 (make checks out to your PARISH) by March 2, 2020.**