

CHRIST RENEWS HIS PARISH WEEKEND Registration Form

Name _____ Sex: M F

Spouse _____ *(if applicable)*

Address _____

City

State

Zip Code

Phone _____ (h) _____ (w)

_____ (cell)

Email address _____

Dates of weekend _____

Emergency contact _____

Phone numbers of emergency contact _____

List below any particular needs (dietary or otherwise):

Circle: Yes/No This is my first time to make a C.R.H.P. weekend.

(Those who already made C.R.H.P. are invited to return if they bring along a candidate; those who made the weekend at least five years ago are invited to return without a candidate.)

Applicant's signature _____ Date _____

Registration fee is \$50.00 for parishioners and \$65.00 for non-parishioners.

The fee is due with this form and is non-refundable.

Your fee helps the parish to defer some of the cost of your room and four meals.

Total cost per weekend is approximately \$3700.

You will be given an opportunity on your weekend to further support C.R.H.P.

If you are unable to pay, just let a team member know.

**Return this registration form with the registration fee to
St. Mary Parish Offices, 8246 E. Main St., Alexandria, KY 41001, c/o C.R.H.P.**