



St. Clare of Assisi Catholic Mission

9th and 10th grade

Confirmation Retreat Registration 2017-18

STUDENT NAME:

_____/_____
(Last) (First)

Parent's Names

-

Date of Birth ____/____/____ **Grade Level: (circle)** 9th grade 10th grade
(Mo) (Day) (Year)

ADDRESS:

(Street)

(City) GA (Zip code)

Email Address:

Emergency Contact:

Emergency Contact phone number:

Medical/Dietary Needs:

Circle the correct grade level

9th grade Retreat Cost: \$30.00 check number _____ cash _____ Amount paid _____

Money pays for Rental of facility, lunch and snacks, and supplies

10th grade Retreat Cost: \$50.00 check number _____ cash _____ Amount paid _____

Money pays for Rental of facility, lunch, snacks, and dinner, supplies, and retreat book