Complete details below and use reverse side if needed. Return application by scan/email or regular mail.

PROGRAM:

//

Applicant/Participant Last Name       First Name       Grade (entering next Fall)

Street/P.O. Box       City       Zip

PHONE (Home) (______) ___________________________ (Cell) (______) ___________________________

Primary Parent Name: ___________________________________________ Last Name if different: ___________________

(Cell) (______) ___________________________ (Email) ___________________________

Parish: ___________________________

Have you discussed the Diocesan program with your pastor? Y / N

How much of the total registration fee can you afford: ___________

How many Santa Rosa Diocesan Camps, Workshops, Retreats have you attended: ___________

What is your favorite experience of Diocesan programs or what are you looking forward to the most:

____________________________________________________________________________________

____________________________________________________________________________________

What Parish ministry programs do you currently participate in (or plan to):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

___________________________       ___________       $ ____________________

DIRECTOR SIGNATURE       DATE       SCHOLARSHIP APPROVED FOR: