

Our Lady of Sorrows-St Anthony Youth Ministry

3816 East State Street Hamilton, NJ 08619

www.ols-sa.org/youth

youthgroup@ols-sa.org 609-586-7360

2012-2013

Please Print Clearly!

Participant Name: _____

Address: _____ City _____ Zip Code _____

Home Phone: _____

Parent(s)/Guardian(s) Names _____

Participant Cell: _____ text ok? _____

Parent cell _____ text ok? _____

Parents' Cell: _____ text ok? _____

Parent Email: _____ Participant E-mail _____

School: _____ Grade: _____

Parish: _____ Participant's Birthday: Month/Day/Year _____

Emergency Contact (other than parent): _____

Phone: _____ Cell: _____

Any other information the minister should know:

It is important to share with others that the youth of our parish are active in their faith and doing good works in our community. At times we like to share this enthusiasm through photos on our parish website and in the bulletin. If you would like your child to be part of this witness, please sign the permission slip below.

I give permission to have my child's photo taken for use in the parish bulletin and website.

X _____