

Women's
Christ Renews His Parish Weekend

February 16th and 17th 2008

Candidate Information Form

Last Name: _____ First Name: _____

Spouse's Name: _____

Children's Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail: _____

Occupation: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Emergency Contact (Person not living with you)

Name: _____

Phone: _____

Relationship: _____

Any Special Dietary Needs: _____

Any physical restrictions with walking stairs: _____

Please return this sheet as soon as possible to:

Katie Jeffries

130 Teton Ct.

Hebron, IN 46341

Home Phone: 488-3896

E-Mail: holyspiritwomenscrhp08@hotmail.com