

HIGH SCHOOL YOUTH GROUP

NAME _____ B-DAY _____ / _____ / _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL _____ SCHOOL _____ GRADE _____

EMAIL ADDRESS _____

FACEBOOK NAME/URL _____

PARENTS' NAMES _____

I LIVE WITH _____ Mom and Dad _____ Mom _____ Dad

HOBBIES/INTERESTS _____

Where would you like to serve? (Check all that apply.)

5:30 pm MASS ALIVE:

- Lector (Reader)
- Power Point
- Music Ministry
- Server
- Usher
- Eucharistic Minister

ALIVE NIGHTS:

- | | |
|--|--|
| HIGH SCHOOL: | JUNIOR HIGH: (Thurs. 6:30-8pm) |
| <input type="checkbox"/> Setup (3:00 pm) | <input type="checkbox"/> Setup (5:00 pm) |
| <input type="checkbox"/> Skits | <input type="checkbox"/> Skits |
| <input type="checkbox"/> Planning Team | |

RETREATS:

- Setup Skits

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