



Name: _____

Birthday: ____ / ____ / ____ Age: _____

School: _____ Parish: _____

Parents' Name(s): _____

Parents' Phone Number(s) and Email(s):

Are you interested in serving as a co-leader, treasurer, snack/patches/craft/music coordinator, etc.? Please state how you can assist below.

Meeting Date/Time Preference (Please circle all that apply):

Saturday morning

Saturday Afternoon

Sunday Afternoon