Paid_____
($15 per participant)
Checks made out to: St. Joseph CYM

St. Joseph Catholic Church
Catholic Youth Ministry (CYM) 9th – 12th grade

Student Name: _____ **Grade:** _____

Student Email: _____ **Student Phone:** _____

Student Address: _____

Student Date of Birth: _____

Any allergies/medical conditions/medications to be aware of? _____

_____

Contact #1: _____ **Relationship to student:** _____ **Religion:** _____

Email: _____ **Phone Number:** _____

Address: _____ **Virtus Trained? Yes No**

Contact #2: _____ **Relationship to student:** _____ **Religion:** _____

Email: _____ **Phone Number:** _____

Address: _____ **Virtus Trained? Yes No**

ADDITIONAL STUDENTS with same parent or guardian contact info as above:

Student Name: _____ **Grade:** _____

Student Email: _____ **Student Phone:** _____

Student Address: _____

Student Date of Birth: _____

Any allergies/medical conditions/medications to be aware of? _____

_____