

Come & See Retreat Registration

February 10-12, 2012

GENERAL INFORMATION

Participant's Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Cell Phone #: _____

Home Parish: _____ High School/College: _____

Date of Birth: _____ Priest who knows you: _____

Is this the first program you have attended with the Vocation Office? _____

If No, what programs did you attend? _____

MEDIAL INFORMATION

Name of Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

ACKNOWLEDGEMENT (if participant is under 18 years old):

I give permission for _____ to participate in the *Come and See Retreat* offered through the Vocation Office for the Diocesan Priesthood to be held at St. Charles Borromeo Seminary, on the weekend of *February 10-12, 2012*. Also, I give *Reverend Kevin J. Gallagher* permission to take _____ to a hospital should a medical emergency occur during the *Come and See Retreat*.

Signature of Parent/Guardian: _____ Date: _____
