ST. JOSEPH GENERATIONS OF FAITH
WINTER, 2010 FAITH FESTIVAL
REGISTRATION FORM

Household Last Name: _____ Today's Date: _____

Mailing Address: _____
Street City Zip Code

Phone: _____ Email: _____
(Home or cell phone where we can contact you) (Program information & updates will be sent to this address)

Household Members who will be attending a Faith Festival – Please indicate each participant's faith-formation level from one of the following:

A - Adult H - High school (grades 9-12) M - Middle school (grades 6-8)
E - Elementary school (grades K-5) P - Preschool (ages 4 & younger)

First Name: Please include last name if different from the household name	Level (A, H, M, E, or P)	Grade (if applicable)	Date of Birth (Month/date/year)

(Please mark here ☐ and list additional names on the back

Total number of people who will attend the faith festival _____

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Select a Faith Festival Date (You are registering for ONE of the festival dates listed below)
Please circle the date/time you will attend. **The festival includes a simple shared meal.**

	Sunday afternoon 12:30-3:30 PM	Wednesday evening 6:00-9:00 PM	Saturday morning 9:00 AM-12:00 Noon
Lent Faith Festival	1/31/2010	2/3/2010	2/6/2010
	(includes lunch)	(includes dinner)	(includes breakfast)

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Registration Fee
Includes program materials and meals. Payment can be made in cash (exact change) or check. Please make checks payable to 'St. Joseph Church', write 'Generations' on the memo line.

	Fee
Families	$30
Couples	$25
Single adult	$12

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I hereby authorize St. Joseph Church to use our pictures for church presentations, marketing, publicity, promotion and instruction.

Office Use Only
Payment Date:
Amount Recd:
Check No./Cash:

X _____

Please return completed form and registration fee to the Parish Center Office.