

Christ Renews His Parish REGISTRATION FORM



- CRHP #14 Men's Weekend: Feb 24 & 25, 2018
- CRHP #15 Women's Weekend: March 17 & 18, 2018

Team use only: <input type="checkbox"/> HELP <input type="checkbox"/> Confirmation Sent <input type="checkbox"/> Special Needs Addressed

PLEASE PRINT:

First & Last Name (as you would like it on your nametag): _____

Parish: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work or Cell: _____

Age: _____ Email address: _____

Please list any special needs you may have (transportation, special diet or allergies, accessibility, breast pumping area, other):

In case of emergency, please provide two names of family or friends:

EMERGENCY CONTACT #1: _____ Relationship _____

Home Phone: _____ Work or Cell: _____

EMERGENCY CONTACT #2: _____ Relationship _____

Home Phone: _____ Work or Cell: _____

Prayer is an integral part of the CRHP retreat. We would like to ask your family and/or friends to pray for you during your renewal weekend. Please list those you would like us to contact (long distance phone numbers are no problem).

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return the completed form to the box in the Narthex or mail to:
 St. Albert CRHP | 11400 57th St. NE | P.O. Box 127 | Albertville, MN 55301

Questions? <http://www.churchofstalbert.org> or call the parish office at 763-497-2474

