

# Summer Daze Registration Form

(Please return back to the Parish Office by Friday, May 28, 2010)

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardians Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Student t-shirt size \_\_\_\_\_

Dates student will be attending:

(please place an x by the days you will be attending)

All three \_\_\_\_\_ \$65.00

July 13 \_\_\_\_\_ \$25.00

July 20 \_\_\_\_\_ \$25.00

July 27 \_\_\_\_\_ \$25.00

Please make sure you enclose a check made out to OLPH or cash.

I \_\_\_\_\_ give my permission for my son/daughter to attend Summer Daze.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

We are in need of parent volunteers for these three days if you are available and want to help, please fill out the bottom of this form and I will contact you.

Parent Name \_\_\_\_\_

Dates Available \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Please also fill out the medical release form that is attached to this form as well. This is a new one for this coming year so if you already filled one out please fill out a new one so we have accurate information on file.

If you have any questions please contact Lori Hamilton or Michelle Hoffman at 812-944-1184.