



Northeast Regional Youth Fellowship

2005 Registration Form

Name: (Mr./Ms.) _____
Last First

Name of Parent/ Guardian: (Mr./Ms.) _____

Permanent Address: _____
Street Apt. # City
State Zip Code

Parish: _____ Vicar: _____

Current Status: Student _____ Employed _____ Other _____

Grade/Year in College: _____ Age: _____ Gender: _____

Name of School or College/Type of Employment: _____

Temporary Address [Dorm]: _____
Street Apt. # City
State Zip Code

Telephone # (home): () _____ (dorm): () _____ (cell): () _____

Best time to call: _____

E-mail Address (required): _____

Signature of Youth _____

Signature of Vicar _____

Original: NERYF Use

Please make one photocopy

Copy: Parish Use

For Official Use Only

Registration fee: Cash Check # _____

Received by Treasurer _____

Signature of Secretary _____

Signature of Vicar _____