



PARISH GROUP Registration Roster Summer 2018

424 N. Broadway St. Wichita, KS 67202 | 316-269-3940
Email: OFF@CatholicDioceseofWichita.org

Please print

Parish: _____ Town/City: _____

Adult Participants

#	First Name	Last Name	Email address	t-shirt size
1				
2				
3				
4				
5				
6				

Youth Participants

#	First Name	Last Name	Email address (optional)	Grade by Fall 2018	t-shirt size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Per person fee: \$85

Required forms:

- ✓ Adult Medical Forms
- ✓ Adult Chaperone Forms
- ✓ Youth Medical Form/Permissions

Please return forms and ONE check for balance due to:

Prayer and Action
Catholic Diocese of Wichita
424 N. Broadway
Wichita, KS 67202

Use back of form for additional participants

This form due no later than May 1st, 2018

Adult Participants

#	First Name	Last Name	Email address	t-shirt size
7				
8				
9				

Youth Participants

#	First Name	Last Name	Email address	Grade by Fall 2018	t-shirt size
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

This Form is due no later than May 1st, 2018