



InSight

REGISTRATION APPLICATION

Please Print or Type Clearly

Name: _____ Birth Date: _____
Month / Day / Year

Address: _____

City: _____ Zip Code: _____ Age: _____

Home Phone: (____) _____ Work or Emergency Phone: (____) _____

Email: _____

Parish: _____

Grade Now Completing: _____ School: _____

I would like to attend InSight on June 9, 2010 at 9:00 AM

The cost for participating is: \$20.00 due at registration

PARENTS

I approve of my daughter's desire to participate in the InSight program. I will pay the \$20.00 fee for the cost of the day. Realizing that care will be taken to insure my daughter's safety during the day, I will not hold the Archdiocese of Galveston-Houston or its agents liable in the event of accident or sickness.

Parent Name : _____ Signature: _____

Applications are due no later than **Friday, June 4, 2010. Mail or fax completed registration to:**

Sr. Pauline Troncale, CCVI
1700 San Jacinto
Houston, TX 77002

Fax: (713) 759-9151

Please note

1. All checks made payable to: **Office of Vocations** (Mail to address below).
2. Participants are required to submit the liability/consent forms together with this registration form.
3. Limited space, so applications accepted on first come, first serve basis. (Notification will follow)
4. Financial aid available.

For Further Information, Contact the Office of Vocations