



Myriam on Mission

REGISTRATION FORM

Please Print or Type Clearly

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

Address: _____

City: _____ Zip Code: _____ Age: _____

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

Email: _____

Parish: _____ Diocese: _____

Grade Now Completing: _____ School: _____

I would like to attend "Myriam on Mission" on Tuesday, July 13, 2010 from 9:30 AM to 3:30PM

There is no charge for this program.

PARENTS

Name _____ Tel _____

Email _____

I approve of my daughter's desire to participate in the "Myriam on Mission" program. 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 Signature: _____

Applications are due no later than **Friday, July 9, 2010. Mail or fax completed registration to:**

Sr. Pauline Troncale
1700 San Jacinto
Houston, TX 77002

Fax: (713) 759-9151

Please note

1. Participants are required to submit the liability/consent forms together with this registration form.
2. Limited space, so applications accepted on first come, first serve basis. *(Notification will follow)*

For Further Information, Contact

Marissela Lopez • 1700 San Jacinto • Houston, TX 77002 • (713) 652-8239 • Email: mlopez@archgh.org