

Immaculate Conception Church

Youth Group Registration Form

Student Name: _____
Last Middle First

Sex: M / F Birthdate: ____/____/_____ Grade: _____ School: _____

Sacraments Previously Received: Baptism / Reconciliation / Confirmation / First Eucharist

Father/Guardian: _____
Last First

Address: _____

Phone: _____(Cell) _____(Home)

Email: _____ Religion: _____

Mother/Guardian: _____
Last First

Address: _____

Phone: _____(Cell) _____(Home)

Email: _____ Religion: _____

A registration fee of **$25.00** is payable by cash or check mailed to the Parish Office at:
Immaculate Conception Church
308 N. Cedar Street
Traverse City, MI 49684
(please make checks payable to Immaculate Conception Church) (Write **Youth Group** on memo line)

Payment may also be made online through the Parish Website at:
www.immaculatetc.org/youth

If you are unable to pay the full fee amount, please pay what you are able to afford.