

# Join the Middle School Prayer Ensemble

## Wednesdays - 5:30p.m. - 6:30 p.m.

### Begins September 17th

#### Registration Form

*Please print clearly*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

#### Contact Information

Parent/Grandparent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Return form to Dr. Denise or to the Church Office**  
**If you have any questions, please contact Dr. Denise**  
**[drudell@charlestondiocese.org](mailto:drudell@charlestondiocese.org)**