OMG Registration Form
St. Stanislaus Church 2019/20
Grades 6th-8th

Youth Name:_____
First Middle Last

Youth Name:_____
First Middle Last

Youth Name:_____
First Middle Last

Grade:____ Grade:_____ Grade:_____

Address:_____
City State Zip

Father's Name:_____

Father's Phone:_____Father's Email:_____

Mother's Name_____

Mother's Phone:_____Mother's Email:_____

Parish or Church Name if other than St. Stanislaus:_____

Allergies:_____

Bring A Friend!

Revised 8/13/2019