

Workcamp Registration Form

Personal Information

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Gender M F Date Of Birth _____ Shirt Size _____

School Grade Next Year _____ Number of workcamps attended _____

Chaperone Information (Needed for Background Check)

Driver License Number _____ Exp. _____ SSN _____

Parent Information (If Participant is under 21)

Father's First Name _____ Father's Last Name _____

Daytime Phone _____ Evening Phone _____

Mother's First Name _____ Mother's Last Name _____

Daytime Phone _____ Evening Phone _____

Church Information

Name of Parish _____

Youth Minister or Pastor _____ Contact Number _____

Please enclose a check made out to "Good Shepherd" for your \$75 deposit.

Please return this form to Drew Dederich at
St. Anthony Office of Youth Ministry
N74W13604 Appleton Avenue
Menomonee Falls, WI 53051