

# St Jude Catholic Church

## Welcome Weekend Experience

### Registration Form

\* Required Fields

#### \* Registration Information

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### \* Weekend Dates (Select One)

Men March 23 – 24, 2019

Women March 30 – 31, 2019

#### \* Emergency Contact

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

Phone: \_\_\_\_\_

#### Prayers

Please list the name and phone number of those you would like us to contact to request prayers on your behalf.

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

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

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

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

#### Special Needs

Please indicate any special needs or requirements you may have for the weekend.

Please e-mail the completed registration form to [welcomeweekend@stjudes.org](mailto:welcomeweekend@stjudes.org) or drop it off at the Parish Office