



**ST ANNA’S CATHOLIC CHURCH CRHP REGISTRATION FORM**

\_\_\_\_\_ I will attend the **CRHP Women’s Weekend** on **August 19 & 20, 2017**  
\_\_\_\_\_ I will attend the **CRHP Men’s Weekend** on **September 23 & 24, 2017**

Name: \_\_\_\_\_ e-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a registered member of St. Anna’s? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please provide the following information:**

Main Emergency Contact or Spouse’s Name: \_\_\_\_\_

E-mail address (if different than participants): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Names of friend/secondary emergency contact:**

Name: \_\_\_\_\_ (Relationship) \_\_\_\_\_

\*E-mail address would be very helpful but not required: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are there any special needs such as diet, allergies, special sleeping needs, etc.? Please specify below.

\_\_\_\_\_ Air mattress \_\_\_\_\_ Sleeping cot \_\_\_\_\_ Other: \_\_\_\_\_

Registration fee is \$35. \_\_\_\_\_ Enclosed check payable to St Anna’s \_\_\_\_\_ Cash

\_\_\_\_\_ I’ll deliver fee to coordinator.

\_\_\_\_\_ I’m unable to pay. Need financial assistance.

Please return this form to the CRHP box in the church’s vestibule, mail it to St Anna’s office or e-mail it the completed form as an attachment to one of the coordinators. (Give the fee to one of the coordinators). See online form at [www.st-annas.com/crhp.html](http://www.st-annas.com/crhp.html).

**PLEASE RETURN PROMPTLY - Special items are being prepared & ordered for your weekend.  
Thank you!**