



ST ANNA’S CATHOLIC CHURCH CRHP REGISTRATION FORM

_____ I will attend the **CRHP Women’s Weekend** on _____

_____ I will attend the **CRHP Men’s Weekend** on _____

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.

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