

ST. FRANCIS de SALES YOUTH GROUP

All members (new and returning) please return this completed form

NAME (w/ Nickname) _____

WHAT GRADE ARE YOU IN HIGH-SCHOOL? _____

FULL MAILING ADDRESS _____

EMAIL ADDRESS _____

PARENT PHONE # (cell # best, in case of an emergency) _____

SHOULD WE KEEP MEETING ON SUNDAYS FROM 7:00-9:00PM? _____

IF "NO," WHEN WOULD YOU SUGGEST WE MEET? _____

WHAT SERVICE ACTIVITIES SHOULD WE DO THIS YEAR? _____

WHAT FUN ACTIVITIES SHOULD WE DO THIS YEAR? _____

WHAT TOPICS WOULD YOU LIKE TO EXPLORE ABOUT THE CATHOLIC FAITH?

OTHER THOUGHTS (fund-raising ideas, etc.) _____

Student signature

Parent signature