

Diocese of Southwest Florida Individual Registration Form



Name of Event: _____

Participants

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Cell: () _____

E-mail: _____

T-Shirt size: YM YL S M L XL 2X 3X

Circle one: MALE FEMALE Age: _____ Date of Birth: _____ Grade: _____

Church, City: _____

Sponsor: _____

Parent/Guardian Name: _____

Home Phone: () _____

Cell: () _____

Work: _____

E-mail: _____

Adults: 18 and older: Attach a copy of the following certificates. Certificates for (1 & 2) must be completed prior to event.

1. Safe Guarding God's People – Completion date: _____
2. Diocesan Background Check – Completion date: _____

Talents: _____

School Activities: _____

Is youth active in church activities? _____ Yes / No

Church Activities: _____

You may use the back of Registration sheet to continue to write your activities.

I understand all payment is due at the time of registration.

Signature of Parent / Guardian: _____

Visa / MasterCard #: _____ Exp Date _____ Amount: \$ _____

You may also send payment by check to:

Diocese of Southwest Florida
7313 Merchant Ct.
Sarasota, FL 34240
Phone: 941-556-0315 x274
Fax: 941-556-0321
E-mail: mmercurio@episcopalswfl.org