

Family Last Name _____

Address _____

Home Phone _____

E-mail _____

Our Journey Session will
Please attend as a family.

Please return your form at least a week prior to the date that you would like to attend. You may put in the Sunday collection, FAX to 851-8220, email to karen.bryan@stmichaelcp.org or bring to Parish or Christian Ed. Office.

Dates and Times

Sunday, Mar 25th 1:15pm-3:45pm Sunday, Mar 25th 5pm-7:30pm

Tuesday, Mar 27th 6pm-8:30pm

Sunday, April 1st 5pm-7:30pm

Please circle the day you will be attending.

Registration Fee

\$5 per person OR \$20 per family

Please make checks payable to St. Michael the Archangel and write "Journey" in the memo line.

Please register in advance. We've come close to running out of food in the past...don't let it happen to you!

First Names of all attending (Last if different)	Grade (Pre-K through 12th)

Childcare RSVP for children 3 and under

Name _____

Age _____

Name _____

Age _____

Volunteer Opportunities

Please mark the ones that you are interested in.

Note: Do not sign up to volunteer on the same night that your family is attending.

_____ **Nursery or Preschool**

_____ **Meals**

Name/Day: _____

Name/Day: _____

Payment Received _____