

Registration Form

**Please complete entire form.*

Name _____

Address _____

Town _____

Phone (home) _____ - _____ - _____

(cell) _____ - _____ - _____

E-mail _____

Name for Nametag _____

***Family/Other Contact (for emergency)**

Name _____

Phone _____ - _____ - _____

Cell _____ - _____ - _____

Relationship _____

E-mail _____

***Alternate Contact**

Name _____

Phone _____ - _____ - _____

Cell _____ - _____ - _____

Relationship _____

E-mail _____

**Are you a registered parishioner of
St. Therese Parish: _____ YES _____ NO**

Complete this registration form, enclose a fee of
\$125.00 made payable to *St. Therese Church* and
mail by February 21 to:
**12 E. Circuit Drive
Succasunna, NJ 07876**