

**SENIOR HIGH SCHOOL YOUTH MINISTRY REGISTRATION FORM  
2017-2018**

Please return this registration form to Mrs. Judy Pluta c/o St. Catherine of Siena Church,  
265 Stratton Brook Rd, Post Office Box 184, West Simsbury, CT 06092.

Name \_\_\_\_\_

Please check one \_\_\_\_\_ Parishioner \_\_\_\_\_ Non-Parishioner

Graduation year \_\_\_ 9<sup>th</sup> ( 2021) \_\_\_ 10<sup>th</sup> ( 2020) \_\_\_ 11<sup>th</sup> (2019) \_\_\_ 12<sup>th</sup> ( 2018)

School \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

\_\_\_\_\_

**Email address** where I can send you youth group information and weekly newsletter  
**PRINT VERY CLEARLY PLEASE**

\_\_\_\_\_  
PRINT your email address a **second time** right here please to be sure it is copied  
correctly to the roster.

\_\_\_\_\_  
Do you play an afterschool sport? If so, what season?

\_\_\_\_\_

**Home phone number** where I can leave a message to let you know about any youth  
group activities or cancellations

\_\_\_\_\_

**Your cell** phone number ( if you have one) \_\_\_\_\_

A home email address for your parents in case I have to solicit a permission slip or get  
last minute information to your parents fast.

\_\_\_\_\_