



June 20-22

Rome Registration Form



(one per child)

Name: _____ Age: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating in Rome: _____

Will parents be helping in other areas of Rome? _____ Where? _____

In case of emergency, contact: _____

Relationship to child: _____



Allergies or other medical conditions: _____

Home church: _____

Roman Family name (for church use only): _____

Name of a special friend your child might like to be with: _____

Please return completed form to Christ Church Cathedral office or by email to office@christchurchcathedralmobile.org or alisonsmitchell2@gmail.com