

**CHRIST RENEWS HIS PARISH
WOMEN'S & MEN'S PARTICIPANT INFORMATION**

NAME _____

PREFERRED NICKNAME _____

ADDRESS _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

E-MAIL: _____

AGE CATEGORY: 18-35 _____ 36-55 _____ 55+ _____

EMERGENCY CONTACT: _____

PHONE (H) _____ (C) _____

SPOUSE / LOVED ONE: _____

Local contact (i.e. family member, nearest relative, or friend):

Name & Number: _____

Name & Number: _____

Name & Number: _____

SPECIAL NEEDS: Diet: _____ Meds: _____

Other: _____

PARTICIPANTS SIGNATURE _____

Do not conform yourself to this age but be transformed by the renewal of your mind, that you may discern what is the will of God, what is good and pleasing and perfect. – Romans 12:2