



**Sacred Heart Knanaya Catholic Youth Ministry  
(KCYM)**

**2009 Winter Camp**

Bishop Lane Retreat Center  
7708 E. McGregor Road, Rockford, IL  
December 27, 2009 to December 30, 2009

**PARTICIPANT REGISTRATION FORM**

Name: \_\_\_\_\_, Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_, Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_, DOB: \_\_\_\_\_

Grade: 7\_\_\_\_, 8\_\_\_\_, 9\_\_\_\_, 10\_\_\_\_, 11\_\_\_\_, 12\_\_\_\_, College\_\_\_\_, Other\_\_\_\_

Parents' Name (Father): \_\_\_\_\_, (Mother): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_, Phone: \_\_\_\_\_

Do you have any special needs? \_\_\_\_\_

Regular medications: \_\_\_\_\_

Do you have any food allergies: \_\_\_\_\_

Please include registration fee of \$200 payable to "Sacred Heart Knanaya Catholic Parish" along with this form. Due to space limitations, enrollment is limited.

When completed, please mail this along with the fee to Joseph Mutholam, 17128 Kropp Ct., Orland Park, IL 60467.

*(To be completed by Retreat Coordinator)*

Group:           1       2

Paid \$ \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash