Respect Life Youth Day 2016 Registration

Name: _____ _____
(First) (Last)

Number of Youth Attending: _____

Number of Adults Attending: _____

Address: _____

_____

_____

City:_____ State:_____ Zip: _____

Please mail this completed form and a check for $5 per person, made out to St. Patrick Church, to **Saint Patrick Church, 152 East Pomfret Street, Carlisle, PA 17013**