

Pax Christi Church



Christ Renews His Parish Registration Form

Highlands Ranch, Colorado

Circle One: Men's Weekend Women's Weekend

_____ Date & Time of Registration _____

Please Print:

NAME _____ (Nickname) _____ E-mail _____

STREET ADDRESS _____ M ___ F ___

CITY & ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME _____ RELATION: _____

EMERGENCY CONTACT HOME PHONE _____

SPOUSE'S or FAMILY MEMBER'S CELL PHONE _____

Emergency Contact e-mail _____

Do you have any food allergies? Yes No

Do you have any medical concerns? Yes No

If Yes, you be contacted.

PLEASE LIST ANY PHYSICAL LIMITATIONS THE TEAM SHOULD KNOW ABOUT:

Office Use Only – Conf _____ HL _____
Notes _____

*For more information contact
our Parish Office 303-799-1036*