



DIVINE MERCY LIFE TEEN & EDGE REGISTRATION

Student Info

Name _____ Today's Date _____ T-shirt size _____

Address _____ City/State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Birthday _____

E-mail _____ School _____ Grade _____

Have you received the following Sacraments?

Baptism - Yes / No Holy Eucharist - Yes / No Confirmation - Yes / No

Check one or both:

Send me EMAIL updates & reminders about Divine Mercy Youth Ministry Events.

Send me TEXT updates & reminders about Divine Mercy Youth Ministry Events.

For text updates please list your cell phone service provider (AT&T, Verizon, etc) _____

Parents/Guardians Info

MOTHER

Name _____ Email _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

FATHER

Name _____ Email _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Ryan sends short, weekly emails updating you on upcoming events and details of what we did at Life Nights & Edge Nights.

Optional

Send me TEXT updates & reminders about Divine Mercy Youth Ministry Events.

Please list your cell phone service provider (AT&T, Verizon, etc) _____