

Registration Form

Name: _____

Address: _____

City/St/Zip: _____

Phone: (H/W) _____

(Cell) _____

Church Parish: _____

Email: _____

Location you will attend? _____

Registration Fee (\$10.00)

(Includes Lunch)

Paid by Participant _____

Paid by Parish _____

Bill to Parish _____

*Please return this portion of the form
with your registration fee to:*

Diocese of Houma-Thibodaux
Office of Worship
P. O. Box 505, Schriever, LA 70395

Or Fax to: 985-850-3257

Registrations due back to us 2 weeks prior to the workshop.

FOR OFFICE USE ONLY:

_____ Billed to Parish

_____ Certificate done

_____ Name tag

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