

Deaf Apostolate
Archdiocese of Philadelphia
Deaf Catholic Teen Program
2009-2010 Registration Form

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ tty ___ v ___

VIDEO PHONE _____ PAGER _____

E-MAIL _____

BIRTH DATE _____ GRADE IN SEPT 2009 _____

HIGH SCHOOL _____ GRAD. YEAR _____

CHURCH _____ CITY _____

PARENT/GUARDIANS: _____

PARENT/GUARDIAN'S E-MAIL: _____

PARENT /GUARDIAN'S PHONE: _____ work

_____ cell

EMERGENCY CONTACT #: _____

Enclosed is \$25 registration fee _____

(Please note: If you are unable to pay this fee at this time your teen is still welcome to our program. All contributions are appreciated to assist the Deaf Apostolate in providing these programs to youth and adults who are deaf.)

PLEASE RETURN COMPLETED FORMS TO:

Deaf Apostolate- 8th Floor
222 N. 17th Street
Philadelphia, PA 19103
(215-587-0510 tty /215-587-3913 v / 267-507-1215)
PCPDDEAF@adphila.org