



ADULT REGISTRATION FORM

Please print legibly. Use one form per person.

NAME: _____ Circle One Male Female

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CELL PHONE # TO BE USED ON THIS TRIP: _____

EMAIL ADDRESS: _____

MAIN CONTACT PHONE: _____

PARISH: _____

You are required by the Diocese to attend a Protecting God's Children awareness session. Have you attended a PGC session? YES NO (please circle)

If YES, Where: _____ When: _____

Please return completed forms and payment by January 14, 2019 to:

Gayla Kirmer, PO Box 137, Dodge City, KS 67801

No full or partial refund will be provided after January 14, 2019. In the event an extended stay is necessary, participant is responsible for additional expenses incurred. We regret any inconvenience this might cause.

Make check payable to "CATHOLIC DIOCESE OF DODGE CITY"

EMERGENCY CONTACT:

Name(s) _____ Relationship _____

Main Phone _____ Work phone _____

Emergency Contact Name/Phone if Above Unavailable _____

MEDICAL INFORMATION: A copy of your medical insurance card must be attached

I have Medical Health Insurance _____ YES _____ NO

Insurance Co. _____ Policy/Group # _____

Family Doctor Name _____ Phone # _____

Address, City, State Zip _____

List any major medical conditions and food restrictions (of Participant) i.e. allergies, asthma, nervous disorder, heart condition, unusual blood type, etc. _____