



# Registration Form

**St. John the Baptist Parish**  
625 Frame Road • Newburgh, IN 47630  
812-490-1000 phone • 812-490-1010 fax

Registering for:

Women's Weekend (date) \_\_\_\_\_  Men's Weekend (date) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home

Work/Cell

Please check one of the following: ( ) Single ( ) Married ( ) Divorced  
( ) Separated ( ) Widowed ( ) Other

If currently married, what is your spouse's name? \_\_\_\_\_

Do you have children? ( ) yes ( ) no ( ) grown

Names/Ages: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers they can be reached. \_\_\_\_\_

Did someone from the parish invite you to participate in the CRHP weekend? \_\_ yes \_\_ no If yes, who? Name: \_\_\_\_\_

Do you have any special needs that we need to be aware of to make your weekend experience more comfortable? (i.e.: transportation, special diets, handicap accessibilities, seating, etc.)

Please explain: \_\_\_\_\_

Return this form to: Connie Schnapf • 625 Frame Rd • Newburgh, IN 47630  
Or email to [connies@sjbnewburgh.org](mailto:connies@sjbnewburgh.org)