



Registration Form

Full Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Persons to be contacted in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Do you have any allergies or medical conditions we should be aware of?

If possible, I would like to be roommates with _____

By signing below, I release Immaculate Conception Catholic Church, its officers, employees, and volunteers from any liability whatsoever for injury or death to person or loss or damage to property sustained by the undersigned.

Signature: _____ Date: _____

I hereby consent to the use of photographs, movies, or video tapes and the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the Internet, and all other forms by Immaculate Conception Catholic Church. I hereby release Immaculate Conception Catholic Church and its volunteers and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature: _____ Date: _____

Return this form with a check made payable to: Immaculate Conception Catholic Church. Please write "Refresh 2018" in the memo line.

Registration fee (due by April 7th, 2018): \$150

Questions? Contact Sarah Jones at 260.920.4514 or sajones@cooperstandard.com