The 2023 Father Edward Troike Summer Leadership Program Registration Form

| NAME | TELEPHONE # | | | |
|---|------------------------|-----------------------|-------------|-----|
| ADDRESS | | | | |
| Number | (apt. no.) | City | State | Zip |
| PARISH | sc | CHOOL | | |
| AGE | DATE OF BIRTH | | | |
| FATHER'S NAME | | - | | |
| BUSINESS NUMBER | | CELL NUMBER _ | | |
| MOTHER'S NAME | | | | |
| BUSINESS NUMBER | CELL NUMBER | | | |
| If Yes, please provide his Sta | | | | |
| In case of an emergency, whe | en the parents cannot | t be contacted, pleas | e contact: | |
| NAME | RELATIONSHIP | | | |
| TELEPHONE No(s) | | | | |
| Take to hospital (check one) | Yes No _ | or other ins | structions: | |
| It is understood that in the fir authorities will prevail. The re as far as possible. | | | | |
| ls there any medical problem | or disability the scho | ool should be aware | of? | 7 |
| | | Parent's S | Signature | |