



Registration: \$25
cash _____
check# _____

Checks payable to
St. James Cathedral

High School Youth Registration

Name: _____ Date of Birth: _____

Address: _____ Current Grade _____

City: _____ State: _____ Zip Code: _____

T-shirt Size S M L XL Carpool: Y or N Area of Town _____

School: _____ e-mail: _____

Student Cell: _____ Parent Cell: _____

Have you been fingerprinted? Y N Do you drive? Y N

Parent Contact Name: _____

Parent email address: _____

Parent Interests Chaperoning Fundraising Dinners Technology

Talents (Please X all that apply)

Music (Instrument) _____ Community Service ____ Organizing _____

Decorating ____ Photography/Video ____ Planning Events _____

Fund-raising ____ Graphic Design ____ Leadership ____ Hospitality ____

Journalism ____ Faith-Sharing ____ Teaching ____ Music (Vocal) ____

What would I like to gain from SOAR?

Are there any events you'd like to see the youth group do?
