

**BISHOP CLAGGETT CENTER
REGISTRATION FORM**

Please print the information on this form and mail it with your non-refundable deposit to:

Bishop Claggett Center
P.O. Box 40
Buckeystown, Md. 21717

EVENT REGISTERING FOR: _____

DATE OF EVENT: _____

NAME: _____

ADDRESS: _____

(Street Address)

(City)

(State)

(ZIP Code)

PHONE NUMBERS: _____

(Home Phone)

(Work Phone)

(Cell Phone)

E-MAIL ADDRESS: _____

DENOMINATION: _____

CHURCH NAME/LOCATION: _____

GENDER (Male or Female): _____ ROOMMATE PREFERENCE: _____

FIRST TIME AT CLAGGETT? _____

HOW DID YOU HEAR ABOUT US? _____

Registering for a program gives permission for Claggett to use photographs of events for publicity.

If registering for a youth event, please complete the following also:

BIRTHDATE: _____ GRADE (2006-2007 school year): _____

PARENTS' E-MAIL ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____