

Please return completed form to the address at the end of this form.

DIOCESE OF PATERSON - QUO VADIS RETREAT
Registration Form for Persons 18 to 25 years old

Location: Sacred Heart Spirituality Center, 20 Old Swartswood Road, Newton, NJ 07860

Date of Event: June 27-29, 2017

Print Name Clearly: _____

Address: _____
City State Zip

Age: _____ Date of Birth: _____ Grade (if applicable): _____

Phone #'s: Home _____
Work _____
Cel. _____

E-mail Address: _____

Home Parish/City: _____

Pastor: _____

How did you hear of Quo Vadis Days? _____

T-Shirt Size (S, M, L, XL, XXL): _____

Are you in general good health and able to participate in all normal youth activities?

_____ Yes _____ No If not, please explain limitations): _____

Do you have any allergies to drugs, food or insects? Yes: _____ No: _____

If yes, please specify: _____

Do you have special dietary needs or restrictions? Yes: _____ No: _____

If yes, please specify: _____

Emergency Contact – Please provide information for two persons:

1)
Print Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #'s: Home _____
Work _____
Cel. _____

2)
Print Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #'s: Home _____
Work _____
Cel. _____

Participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Vocations or the Diocese of Paterson. (Participants would not be identified, however, without specific written consent.) Participants who do not wish to be photographed or filmed should notify the Office of Vocations in writing. Please note that the Office of Vocations has no control over the use of photographs or film taken by media that may be covering the event in which you participated.

Signature

Date

Please return the registration form to:

Office of Vocations
QVD Retreat
777 Valley Road
Clifton, NJ 07013