



# 2015-2016 REGISTRATION FORM

**Please complete this form and return it to the parish office.**

**HOUSEHOLD NAME:** \_\_\_\_\_

Members who will be participating in GIFT: **(Please print legibly)**

Name \_\_\_\_\_

Adult \_\_\_\_\_

Name \_\_\_\_\_

Adult \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade 2015/16 \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade 2015/16 \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade 2015/16 \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade 2015/16 \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone \_\_\_\_\_

\*\* Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, call: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

☆☆☆ If Mother and Father are at different addresses and both request information,  
please indicate second address:

Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

( over )

## GIFT SESSIONS

Each HOUSEHOLD is asked to choose the SUNDAY or MONDAY session for the year. Movement between sessions, as needed, just requires a phone call to the office.

\_\_\_\_\_ SUNDAY      11:45am- 2:30pm (Lunch)

\_\_\_\_\_ MONDAY      5:30-- 8:15pm (Dinner)

## GIFT FEES

### SEASON PASS ( Good for all 10 Sessions PLUS MEALS! )

\_\_\_\_\_ \$ 120 Household...1-2 Adults

\_\_\_\_\_ \$ 200 Household with 1 child (K4-Gr. 11)

\_\_\_\_\_ \$ 280 Household with 2 children

\_\_\_\_\_ \$ 360 Household with 3 children

\_\_\_\_\_ \$ 440 Household with 4 or more children

\*\*\* NO FEE for children age 3 and under \*\*\*

\_\_\_\_\_ \$ 50 Sacrament Prep Fee ( Grade 2 )

\_\_\_\_\_ \$ 100 SENIOR HOUSEHOLD (65 years and older)

☆☆☆The GIFT fees include all program materials, meals, and expenses.

Please make checks payable to Our Lady of Lourdes and remit to the Parish Office by **FESTIVAL WEEKEND, August 21-23, 2015.**

**Choose one of the following payment methods:**

☐ Fee paid in full with registration

☐ Two (2) equal payments...August Registration and January

☐ Four (4) equal payments...August Registration, Oct, Jan, and Mar

☐ WeShare online payment (see [www.ololmke.org](http://www.ololmke.org))

**Special Needs / Medications / Allergies - Please indicate for any / all participants**

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For Office Use Only		Envelope # _____
Date: _____	Paid: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Amount : _____
Date: _____	Paid: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Amount : _____
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