



2016-2017 REGISTRATION FORM

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

HOUSEHOLD LAST NAME: _____

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

Name _____ Adult _____

Name _____ Adult _____

Name _____ Age _____ Grade 2016/17 _____

School _____

Name _____ Age _____ Grade 2016/17 _____

School _____

Name _____ Age _____ Grade 2016/17 _____

School _____

Name _____ Age _____ Grade 2016/17 _____

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 19-21, 2016.**

Choose one of the following payment methods:

- Fee paid in full with registration
- Cash or Check payments throughout the year
- WeShare online payment (see www.ololmke.org)

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

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 : _____
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 : _____