

**St. Martha Parish
Youth Ministry Program
2555 Apollo Dr.
Harvey, La. 70058**

(504) 366-4142

Fax (504) 366-1100

Youth Ministry Registration Form

Name: _____ **Date:** _____

Address: _____
City _____ Zip _____

Home Phone # _____ **Date of Birth:** _____

Email: _____

Grade: _____ **School Attending:** _____

Other Activities you are involved in:

Father's Name: _____ **Work/Cell Phone:** _____

Mother's Name: _____ **Work/Cell Phone:** _____

Parent's: May we call on you to help with activities? ___ Yes ___ No

___ Chaperone ___ First Aid ___ Coaching

___ Refreshments ___ Crafts ___ Phone Calls

___ **Donations: sports equipment, party decorations, craft supplies, etc.**

___ **Other** _____

Membership and Insurance Fees are \$40.00 per year.

T-Shirt Size: ___ Small ___ Medium ___ Large ___ XLarge