



REGISTRATION FORM

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

Age Group: 18-25 _____ 26-35 _____ 36-45 _____ 46-59 _____ 60+ _____

Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Children: Yes _____ No _____

Return completed form to the St. Bonaventure Parish Office,
or mail to: St. Bonaventure Parish, P. O. Box 996, Manomet, MA 02345