



**Office of Vocations
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REGISTRATION
(Mail to Office of Vocations Address above.)

COME and SEE VOCATIONS RETREAT
November 3-5, 2017

NAME: _____

ADDRESS (include zip code): _____

AGE: _____ Grade: _____

HOME PHONE NUMBER (Include Area Code): _____

CELL PHONE NUMBER: _____

EMERGENCY CONTACT NUMBER: _____

EMAIL ADDRESS: _____

CHURCH PARISH: _____