



"I can do all things through Christ who strengthens me." Philippians 4:13

Young Adult Ministry Program
Registration Form School Year 2020-2021
KCC Catholic Campus Ministry
College Students

Please Print Clearly
Information:

Name: _____ Age: _____

Date of Birth: ____ / ____ / ____ Sex: Male Female

Contact Number: _____ Email: _____

Courses: _____

Mailing Address: _____

Parent/Guardian's Name: _____ Contact Number: _____

Other Information:

Has been Baptized **Has not been Baptized** When? _____

Where? _____ (Name of Parish & Address)

Has Received First Holy Communion **Has not received first Holy Communion**

Where? _____ (Name of Parish & Address)

Has been confirmed **Has not been confirmed**

Where? _____ (Name of Parish & Address)

CONSENT AND AGREEMENT

I _____ of legal age, wish to join the Kauai Catholic Campus Ministry (Catholic Club). I also authorize and give consent, without limitation or reservation, to this club, to publish photographs or videos in which I appear while participating in any program associated with the Kauai Catholic Campus Ministry (Catholic Club).

Signature: _____ Date: _____