



PERSONAL INFORMATION SHEET

SOLO PARENTS ENCOUNTER WEEKEND

(PLEASE PRINT CLEARLY)

PHOTO ID
OPTIONAL

All information collected through this application form will be held private and would not be shared for any purpose except for use during the encounter weekend.

PART I - BASIC INFORMATION

PARTICIPANT'S NAME (LAST, FIRST, MIDDLE)		NICKNAME	SEX	BIRTHDAY (MM/DD) YEAR OPTIONAL
RESIDENCE STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS		
HOME : ()		EMAIL :		
CELL : ()				
CIVIL STATUS (PLEASE CHECK)			RELIGION	
<input type="checkbox"/> Widow or Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Spouse incapacitated <input type="checkbox"/> Single with child <input type="checkbox"/> Separated <input type="checkbox"/> Spouse working abroad <input type="checkbox"/> Single, 40 years old and over without children			PARISH AFFILIATION	
BLD SPONSOR	SPONSOR'S TEL. NO.	SPONSOR'S BLD AFFILIATION		
PERSON TO CALL IN CASE OF EMERGENCY	TELEPHONE NO.	RELATIONSHIP		

PART II - FAMILY INFORMATION (if applicable)

NAME OF CHILD	SEX	D.O.B	NAME OF CHILD	SEX	D.O.B

PART III - ADDITIONAL INFORMATION

OCCUPATION/PROFESSION	SKILLS AND TALENTS
Do you have any special dietary requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate: _____	
Check here if you have a need for transportation: _____	