

REGISTRATION FORM 2019 (SPAIN, FRANCE AND PORTUGAL)

PERSONAL INFORMATION

Name: _____ M _____ F _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home phone: _____ Cellphone: _____

E-mail: _____ Date of birth: _____ Age: _____

Place of birth: _____ Country: _____

Passport number: _____ Expiration date: _____

Nationality: _____

CONTACT INFORMATION

Emergency contact Name: _____ M _____ F _____

Home phone: _____ Cellphone: _____

E-mail: _____

MEDICAL INFORMATION

Do you suffer from any disease? _____ Which? _____

Medications that you are taking: _____

Allergies: _____ Blood type: _____

DATES OF PAYMENTS

December 02, 2018 \$ 1,500.00 Signature: _____ Date: _____

March 03, 2019 \$ 1,000.00 Signature: _____ Date: _____

June 16, 2019 \$ 1,400.00 Signature: _____ Date: _____

St. Anthony of Padua Parish, 56 Saint Anthony St., Chicopee, MA 01013

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