

## Vocations Retreat 2011 Registration:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender:  male,  female  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Church:  Roman Catholic,  Ukrainian Catholic, or  Other  
Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Health Care #: \_\_\_\_\_  Alberta,  Saskatchewan

Please note any allergies, dietary needs, or any health conditions that we should be aware of:

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attach a separate sheet of paper if needed

Check this box only if you will arrange your own accommodations: (Please note: we can not be responsible for anyone staying outside our "simple accommodations")

Signature of Parent or Guardian (Required if the participant is 17 or younger):

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**Please email, mail or fax your registration to:**

**Kelly Aalbers  
4003 - 67 Ave  
Lloydminster, AB T9V 3G8**

**Email: [kjaa@rocketmail.com](mailto:kjaa@rocketmail.com)  
Fax: (780) 872-5826 Phone: (780) 872-5831**