



walking with purpose

**St. Rita Catholic Parish
2020-2021 WWP Registration Form**

First Name	
Last Name	
Email Address	
Street Address	
City, State, Zip	
Home Phone	
Mobile Phone	
(Study & registration fee)	<input type="checkbox"/> Opening Your Heart Thurs 7:00 PM \$50 (first year participants) <input type="checkbox"/> Opening Your Heart Fri 10:00 AM \$50 (first year participants) <input type="checkbox"/> Keeping in Balance Thurs 7:00 PM \$50 <input type="checkbox"/> Keeping in Balance Fri 10:00 AM \$50 <input type="checkbox"/> I would prefer to do a virtual session (TBD)
How Can You Help?	<input type="checkbox"/> Please contact me, I am interested in being on the leadership team.
I Need Childcare (TBD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child(ren) Names/Ages	
Home Parish (if not St. Rita)	
Emergency Contact Name/Phone #	
Payment Included	Total Included: \$_____ <input type="checkbox"/> Check #_____ <input type="checkbox"/> Cash Make checks payable <i>St. Rita Catholic Parish</i>