

2008 GOYA CHAPERONE FORM

Event Request: GOYA ADVENT RETREAT

GOYAN INFO

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Home Phone with Area Code: _____

CHAPERONE INFO

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Home Phone with Area Code: _____

Adult size T-shirt: ___ (small) ___ (medium) ___ (large) ___ (x-large)

ALL CHAPERONES MUST RETURN THE FOLLOWING FORMS:

___ Copy of Driver's License

___ Medical History Form

___ Copy of Insurance Card (front and back)

___ Metropolis Waiver/Medical Treatment Form

Advisor's Signature: _____ Date: _____

Chaperone's Signature: _____ Date: _____

Priest's Signature: _____ Date: _____

