

# Chaperone Registration Form

## March for Life 2012

CHAPERONE FOR:

\_\_\_\_\_  
(school or parish name)

\_\_\_\_\_  
(city/town)

Chaperone Name:

\_\_\_\_\_  
Title (Mr., Mrs., Miss, Rev.)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Your Parish/Location: \_\_\_\_\_ / \_\_\_\_\_

I am (check one):

faculty (position: \_\_\_\_\_)

parent

other (describe: \_\_\_\_\_)

I have filled out and signed:

CORI form on file on file with the Office for Healing and Prevention

Ministerial Code of Conduct (on file at: \_\_\_\_\_)

***These forms are available from your parish or your Catholic School administrator. Both are required to be filled out and on file in order to participate in chaperoning this trip.***

Cell Phone: \_\_\_\_\_

(please give this number to students in your care while on trip for emergency purposes only)

Please return registration form and bus fee for each seat reserved to:

**Respect Life Office – Diocese of Worcester**  
49 Elm Street  
Worcester, MA 01609

Checks may be made payable to: Respect Life Office

**REGISTER BY DECEMBER 31 AND SAVE \$10!!!**

BUS FEES:

- \$80 per seat if postmarked by December 31, 2011

- \$90 per seat for registrations received after December 31<sup>st</sup>

Number in party: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

cash  check # \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

Individual / Group / School /  
Parish / Family / Other