

**MARCH FOR LIFE – 2012  
REGISTRATION FORM**  
*(individual participants)*

**Name:**

\_\_\_\_\_

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

First Name

Last Name

**Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City/Town

State

Zip Code

**E-mail:**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_

Name

phone

relationship

**Parish (or Organization)/Location:**

\_\_\_\_\_ / \_\_\_\_\_

**STUDENTS** (age 18 and younger) are required to submit a completed **STUDENT PERMISSION SLIP** in lieu of this form (this is a **separate form** which is available from the March for Life contact person at your Parish or Catholic High School.) A separate form is also required for **CHAPERONES**.

*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*