

## FESTIVAL OF MINISTRIES - SEPTEMBER 12, 2010

We ask for your cooperation as we attempt to coordinate and streamline the registration process for all Youth Ministry Programs at Saint Thomas. Please complete both sides of this form and mail it to the Church prior to September 12th or bring it with you to the Festival of Ministries on September 12th.

We encourage all families and students to attend the Festival to learn more about our programs. If you have any questions, please contact Mrs. Barbara Marmarou (856-258-5361) or M/M Charles and Tulla Sandilos (856-429-8676). Along with Father Emmanuel, all the teachers, advisors, coaches, and leaders, welcome you to another exciting year!

### PROCESS FOR REGISTERING YOUR CHILD

Please complete both sides of this form. The form can accommodate up to 4 family members. If you require more space, please make a copy of the back side. Be sure to write your family name on each copy.

Members in "Good Standing" have automatic enrollment in non-fee ministries (i.e.: Sunday School). However, this form must be completed to ensure that we have accurate contact data for your children in our ministry databases. Cell phone and email information for your child is required as emailing and text messaging are the best forms of communication for certain youth ministries.

Some programs have registration fees. Please see back of form for details. If paying by check, please make it payable to "St. Thomas GO Church". If paying by credit card, please complete the information below.

Mail this form with your payment to : "St. Thomas GO Church, 615 Mercer Street, Cherry Hill, NJ 08002 ATTN: Festival of Ministries" prior to September 12, or you may bring it to the Festival of Ministries.

If you are registering during the Festival of Ministries, please complete the form prior to arrival. Visit each of the ministry tables to check in your child. Turn in your registration form and payment at the CHECK OUT table in order to complete your enrollment into each ministry.

FAMILY NAME \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

EMAIL (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

### CREDIT CARD PAYMENT INFORMATION

Name on Card \_\_\_\_\_ Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_