

**Saint Margaret Mary Church
Sr. High Youth Ministry
(Grades 9-12)**

Name: _____

Address: _____

City: _____ Zip: _____

E-mail address: _____

Phone: _____ Cell Phone: _____

Youth Cell Phone : _____ (with parent's permission)

Date of Birth: _____

Grade: _____ School: _____

Parent(s) Name(s): _____

**Senior High Youth Meetings: 1st Sunday of the Month beginning Sept 4th
from 12:15PM - 2:00PM at SMM - Sullivan Room**

**Senior High Service Sunday's: 12:15PM - 2PM at SMM - Sullivan Room
October 16, 2011
November 13, 2011
December 11, 2011**

Please return this form to Donna Misak by **August 26th**

Sr. High Youth Ministry