

Our Mother of Sorrows Life Teen Contact Form



Please print clearly

Name _____ Age _____
 School _____ DOB _____ Grade _____ T-Shirt Size _____
 Address _____ Tucson, AZ 857 _____
 Student Cell # _____ Home Phone # _____
 Email _____

Don't forget to add OMOS Life Teen Group Page to your Facebook!

Preferred method of contact: Facebook E-Mail Regular Mail Phone call Text # _____

I would like to help with....

(Check any and all that might apply to you)

- Music** (singing, playing an instrument)
- Leadership** (planning and Teen Lead)
- Social Media** (web page, flyer design, publicity, contact person)
- Art and Environment** (posters, banners, photography and more)
- Helping @ 12:30 PM Sunday Masses**
 Greeter/Hospitality _____ Lector _____ Usher _____ SetUp _____ Music _____

Emergency Contact Information

Parent/ Guardian: _____ Home _____ Cell _____ Email _____
 Address: _____
 Parent/Guardian: _____ Home _____ Cell _____ Email _____
 Address: _____
 Emergency Contact _____ Relationship _____ Phone Number _____
 Medical Concerns: Food Allergy _____ Chronic Condition _____
 (Please contact Kim Sisson if your child has special needs or concerns: ksisson@omosparish.org (602)677-3064 cell)

AUTHORIZATION TO PUBLISH PICTURES (2016-2017 PROGRAM YEAR)

I grant permission to OMOS and/or the Diocese of Tucson to take and/or publish pictures of my child on the church's web site or in the church's publicity information, newsletters, bulletins or other printed material. I further state that I have the right to grant or refuse this permission, as I am the child's parent/legal guardian. Initials _____ Date _____

PARENT/GUARDIAN "LIFE SUPPORT" (CHECK AS MANY AS APPLY!)

I can volunteer my time and talents to the program this year.
 Transportation _____ Chaperone _____ Set up/clean up _____ Events _____
 Fundraisers _____ Steubenville West _____ Financial help/donations _____

I would love to help with food!

Name: _____ Preferred contact method: _____ Day/ Night _____