

Junior Youth Group

Name: _____ Birthday: _____

Parish: _____

Middle School: _____

Age: _____ Grade: _____ Allergies: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Parents(s) Name: _____

Are you interested in being apart of the Jr. Leadership Council? Yes or No

Are you involved in any other activities? Please check all that apply.

___ Sports ___ Music Groups Choir ___ Dance
___ Church Activities ___ School Activities ___ Other: _____

Anything you would like us to know about you?

Anything we should know about you?

