

Holy Trinity Youth Group Sign Up

Grades 6-8

Student Name: _____ Grade _____

Address: _____

School: _____

Parent/Guardian Name: _____

Phone: Home _____ Cell _____

By signing this form, parents/guardians grant permission for their son/daughter to join the Holy Trinity Youth Group.

Signature _____ Date _____

Note: *Please return this form as soon as possible.

*All meetings will be held as listed in the CCD program calendar.

*Additional permission forms will be required for activities held at locations other than Holy Trinity.

- I would like to volunteer for:** _____ **Core Leadership Team**
 _____ **Activity facilitator for meetings**
 _____ **Supervision for meetings**
 _____ **Chaperone for special events & trips**
 _____ **Snacks for meetings**

Please note that your help is needed to make this work.

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Holy Trinity youth group will meet in the Parish Ministry Center at 6:30 PM

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|---------------------|---------------------|
| October.....5 & 19 | February.....8 & 22 |
| November.....2 & 30 | March.....8 & 29 |
| December.....14 | April.....19 |
| January.....4 & 18 | May.....3 & 17 |

Please contact Deacon Lee for more information

lmiles@holytrinityrobinson.org

412-787-2140 Ext 156