



**2017-2018 WWP Registration Form
Corpus Christi Parish**

First Name	
Last Name	
Email Address	
Street Address	
City, State, Zip	
Home Phone	
Mobile Phone	
<u>Wednesday</u> Session Availability: <u>Thursday</u> Session Availability: Preference if <u>NOT</u> Available for Wed/Thurs Session	<input type="checkbox"/> Wednesday AM (Only) <input type="checkbox"/> Thursday AM Session <input type="checkbox"/> Thursday PM Session Day(s): <input type="checkbox"/> Sunday <input type="checkbox"/> AM Session <input type="checkbox"/> Monday <input type="checkbox"/> PM Session <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Suggested Donation I would like to sponsor another woman's book	<input type="checkbox"/> \$25 to cover Admin Fees (book charge not included) <input type="checkbox"/> \$50 <i>Please make checks payable to: "Corpus Christi Parish", and indicate "WWP" in the Memo section of your check for ease of posting</i>
Emergency Contact Name/Phone #	
Payment Included	\$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash