



# PERSONAL INFORMATION SHEET

## SOLO PARENTS ENCOUNTER WEEKEND

(PLEASE PRINT CLEARLY)

PHOTO ID  
OPTIONAL

*All information collected through this application form will be held private and would not be shared for any purpose except for use during the encounter weekend.*

### PART I - BASIC INFORMATION

PARTICIPANT'S NAME (LAST, FIRST, MIDDLE)		NICKNAME	SEX	BIRTHDAY (MM/DD) YEAR OPTIONAL
RESIDENCE STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS		
HOME : ( )		EMAIL :		
CELL : ( )				
CIVIL STATUS (PLEASE CHECK)				RELIGION
<input type="checkbox"/> Widow or Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Spouse incapacitated <input type="checkbox"/> Single with child <input type="checkbox"/> Separated <input type="checkbox"/> Spouse working abroad <input type="checkbox"/> Single, 40 years old and over without children				PARISH AFFILIATION
BLD SPONSOR	SPONSOR'S TEL. NO.	SPONSOR'S BLD AFFILIATION		
PERSON TO CALL IN CASE OF EMERGENCY	TELEPHONE NO.	RELATIONSHIP		

### PART II - FAMILY INFORMATION (if applicable)

NAME OF CHILD	SEX	D.O.B	NAME OF CHILD	SEX	D.O.B

### PART III - ADDITIONAL INFORMATION

OCCUPATION/PROFESSION	SKILLS AND TALENTS
Do you have any special dietary requirements? ____ YES ____ NO If yes, please indicate: _____ Check here if you have a need for transportation: _____	