



Heavenly Helpers

Participation Form

Date _____

Name _____
First Last Nickname

Address _____
Street City Zip

Home Phone (____) _____ Cell (____) _____

Parents'/Guardians' Names

First Last First Last

Family or Parent email _____

School you attend _____ Grade _____

Birthday _____ Favorite Snack _____

**All teens in 7-8 grades are welcome to attend our gatherings.
We meet to share faith and prayer, grow in friendships,
and live as Disciples of Christ**

St. Lawrence Youth Ministry Mrs. Denise Ficorelli, Coordinator
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