

Candidate Information Card
Please Print Neatly!

Name: _____ Parish: _____

Parents: _____

Address: _____ Home Phone: _____

City: _____ E-mail (student): _____

E-mail (parent): _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

May we contact you by e-mail? yes no

RETURN TO:
St. Joseph Religious Education Office
1901 Lincoln Avenue
Stevens Point, WI 54481

Please return this form by September 21, 2008. Thank you!!

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