

2017 TOTUS TUUS

(Totally Yours) June 4th—9th

Sunday, June 4th—8th from 7:30 p.m.—9:40 p.m. for students going into High School.

Monday—Friday, June 5th—9th from 9 a.m.—3 p.m. for students going into 1st through 8th grades.

Registration Form

	SIUDENI INFOR	MAIION (PI		Indicate Youth or Adult size)
Name:	Gr. in Aug. '17:	Catholic: Yes	No	indicate Fouri of Addit size)
Name:	Gr. in Aug. '17:	Catholic: Yes	No	
Name:	Gr. in Aug. '17:	Catholic: Yes	No	
Parishioner of St. Benedict? Y	es No: If no we ne	ed your email: _		
Address:	a	nd cell phone nu	ımber:	
List Behavior or learning disabilities v	ve need to be aware of:			
We undersigned parent(s) or legal guard nation, anesthetic, dental, medical or sur minor under the general, specific or spec understand that every precaution will be the Diocese of Tulsa or its paid staff or v dent occur. If the parish is unable to con the responsibility of the parent/guardian.	gical diagnosis or treatment by any licen- ial request of Religious Education Staff. taken to ensure my daughter/son/ward's solunteer staff responsible. Further, I unde tact me, I understand that an ambulance	This consent will rema safety. Should an acc erstand that attempts or emergency personr	st and/or hospital service in effective from June 1 ident occur, I will not how will be made to immedia	, 2017 through July 31, 2017. I Id the Church of St. Benedict or stely contact me should an acci- nent for medical emergencies is
Parent Signature:		Date:		
Mother's Name:	Father' Name:			(Please print)
Mom's Cell phone:	Dad's Cell phone:			
	EMERGENCY II	NFORMAT	I O N	
Person other than parent to notify in	case of emergency and what relation	to student: (Please	print)	
Name:	Relationship:		Phone:	
Three student	T U I T student plus a snack to sh is in family \$75, if more that lable, please contact Caro	are and it incl	add \$20 per stu	
	Icome. Registration e			
All registrations	received one week be	fore Totus T	<u>uus will recei</u>	<u>ve T-shirts.</u>
	please fill out volunteer i			s form.
	Adult Volunteers children	attend for \$15	per child)	
Office use only: Date Received:	Scholarship:		Volunteer:	
Paid: Cash:	Check		Amount:	_