ARCHDEACONRY OF SVG SERVERS QUIZ
Registration Form

Parish: _____

Name of Team: _____

TEAM MEMBER 1

Name: _____

Date of Birth: _____ Age: _____

Church: _____

Contact Information: _____

Signature: _____

TEAM MEMBER 2

Name: _____

Date of Birth: _____ Age: _____

Church: _____

Contact Information: _____

Signature: _____

TEAM MEMBER 3

Name: _____

Date of Birth: _____ Age: _____

Church: _____

Contact Information: _____

Signature: _____

TEAM SUBSTITUTE

Name: _____

Date of Birth: _____ Age: _____

Church: _____

Contact Information: _____

Signature: _____

_____   _____
Parish Priest Signature   **Date**

(Forms MUST be submitted to any member of the planning committee (Taj Moore, Michael Cupid, Khadisha Smart and Ronnise Henry) or to the Cathedral Office in Kingstown by Monday, November 6, 2017.