

Archdiocese of Toronto

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PROGRAM REGISTRATION FORM

ATTENDEE INFORMATION:

| Name: | |
|----------------|----------------|
| Home Address: | |
| | |
| Daytime Phone: | E-mail: |
| Parish Name: | City/Town: |

PROGRAM INFORMATION:

| Program Title: | |
|-------------------|---|
| Program Location: | |
| Program Date(s): | [For processing purposes, please list the year along with the date(s)]. |