



Generations of Faith
 St. Bernard Church
 415 Tower Hill Rd.
 North Kingstown, RI 02852
 Ph: 295-0387 Fax: 295-1713
Parishcenter@sbcwickford.org

Office Use Only Date: _____ Assignment: _____
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PLEASE PRINT:

Household name: _____ Home Phone: _____

Address: _____
 (Please include city, town and zip code)

Cell phone: _____ Email: _____

PLEASE LIST ALL ATTENDEES:

ADULT name _____ ADULT name: _____

ADULT name _____ ADULT name: _____

Does anyone have any special needs of which we should be aware? Yes ___ No ___
 Please describe: _____

Does anyone have any food allergies of which we should be aware? Yes ___ No ___
 Please describe: _____

Please **rank** the following sessions in **order of preference**. We will **try** to honor all requests for 1st & 2nd choices on a “first come, first served” basis. Please include **all** sessions in your ranking.

Sunday (A) 11:45a.m.-2:00p.m. _____ **Sunday (B)** 5:30p.m.-7:45p.m. _____

Monday (C) 5:30pm-7:45p.m. _____ **Tues (D)** 5:30p.m.-7:45p.m. _____

Wed (E) 5:30-7:45p.m. _____ **Saturday (X)** 9a.m-10:30 a.m. _____

Total Attending _____

<u>Fee Schedule-5 Sessions:</u>	
<u>3 or more people</u> \$60	<u>1 to 2 people</u> \$25 per person

<u>Office Use Only</u>	
Fee: _____	Cash: _____
Check # _____	