

The Catholic Center Registration Form

Please print all information clearly

Name _____ Date of Birth _____
(last) (first) (middle initial)

Spouse's Name _____

Children's Names _____

Current Address _____
(Street) (Box or Apt) (City) (State) (Zip)

Permanent Address _____
(if different from above) (Street) (Box or Apt) (City) (State) (Zip)

Current Phone Number _____

Email Address _____

Current Status:

- USF Student: ___ Full Time ___ Part Time
 ___ Undergraduate ___ Graduate Student
 ___ Live on Campus ___ Commuter
 ___ USF Faculty ___ USF Staff
 ___ USF Alumni ___ CSU Member
 ___ Local Resident ___ Seasonal Resident

Please take a moment to answer the following questions.

1. What drew you to come to The Catholic Center? _____

2. How would you characterize the following?

a) the quality of community life at The Catholic Center _____

b) the extent to which people have the opportunity to get to know each other _____

3. What areas would you like more information about (please check all that apply)?

____ Sacramental formation

____ Catholic Student Union

____ Liturgical ministry

____ Bible study

____ Community ministry

____ Spirituality

4. Have you received the Sacrament of Confirmation? _____