

Quinceañera Registration Form
Our Lady of Guadalupe Catholic Church

Quinceañera Candidate

• _____		
Last Name	First Name	
• _____		
Address	City	Zip Code
• _____		
Home Phone	Cell	
Date of Baptism _____	Church _____	
Date of First Communion _____	Church _____	
Date of Confirmation _____	Church _____	
Registered and attend Religious Education Classes at: _____		

Parent/Guardian

• _____		
Last Name	First Name	
• _____		
Address	City	Zip Code
• _____		
Phone #1	Phone #2	Email
Registered members of Our Lady of Guadalupe? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, then which parish? _____		

Quinceañera

Date of rehearsal _____	Time _____
Date of Quinceañera _____	Time _____
Which class session will candidate attend? _____	

We understand the requirements for the celebration of a Quinceañera at Our Lady of Guadalupe. We acknowledge and accept that all classes **must be completed, to include required parent attendance, before** the scheduled Quinceañera celebration. Failure to complete and meet class attendance requirements may call for the **rescheduling** of your celebration date.

• _____	• _____
Candidate Signature	Parent/Guardian(s) Signature
• _____	
Date of Registration	