



Happening 2019 Application

Full Name _____

Nickname _____

Address _____

E-mail _____

Phone _____

Date of Birth _____

Graduation Year _____

T-shirt Size _____

Parent's Name _____

Daytime Phone _____

Parent's Name _____

Daytime Phone _____

Name of Parish & City _____

Signature of Clergy & Date _____

1. Please list any special interests, activities, hobbies, etc.

2. Any special diet restrictions or medical needs?

I understand that \$75.00 will cover my costs for the weekend. Enclosed is my \$75.00 registration fee. Please make checks payable to The Diocese of Ohio, memo Happening.

Signature of Application & Date

Signature of Parent or Guardian & Date

Deadline: February 26, 2019

For additional information, contact:

The Rev. Vincent Black

Canon for Christian Formation

216-774-0453; 216-623-0735 (fax)

vblack@dohio.org



THE EPISCOPAL
DIOCESE OF OHIO