



# TRUTH be TOLD



## Registration form

[www.LighthouseCatholicMedia.org](http://www.LighthouseCatholicMedia.org) • 630.225.7371

Youth's Name \_\_\_\_\_

Parish Name / Zip Code \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Adult Contact \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Acct. Manager \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Payment Method: Check No. \_\_\_\_\_ or Credit Card No. \_\_\_\_\_ CSC Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Payment Amount \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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