



**St. Timothy Roman Catholic Church**

1351 Paige Place

Lady Lake, FL 32159

352-753-0989

[Rlasete@sttimothycc.com](mailto:Rlasete@sttimothycc.com)

Registration Fees \$25.00 per child or  
\$35.00 per family

Method of payment \_\_\_\_\_

Check # \_\_\_\_\_ Amt. Paid \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Age: \_\_\_\_\_

Last School grade completed by July 1st: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Parish: \_\_\_\_\_

T Shirt Size: \_\_\_\_\_

Please add any other comments or things we might need to know about your child:

\_\_\_\_\_