

# THEOLOGY OF THE BODY

# for Teens TRAINING

## Registration form

Parish/School \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_

Email (optional) \_\_\_\_\_

Please indicate if you are:

Youth Minister       DRE       Teacher       Other

**\*\*Please mail in your registration with the \$50 dollar registration fee to the following:**

Archdiocese of Chicago  
Attn: Respect Life Office  
3525 S. Lake Park Ave.  
Chicago, IL 60653

(make all checks payable to "Archdiocese of Chicago")