

QUINCEAÑARA APPLICATION FORM

Date of Quinceañara: Date of Rehearsal (Usually Friday before at 6 pm):						Time:
Daw 01 Kg	illeatsat (Osu	ally Friday o	elore at o pi			_ I IIIIe
Date of Applica GENERAL INFORMATION						on:
Quinceañera Nai	me:			e		
	Firs	t	Middl	e	Last	
Date of Birth:	Month Day Year	Baptism:	Month Day Y	_ First Communic	Month Day Year	
Confirmation [] If not confirmed		olled in a Con	firmation P	rogram? [] Yes [] No	
Father's Name:				Religion:		
Monior 5 manie.	First	Middle	Last	Religion: _		
Home Phone: (_ Email Address: _						
Address	 Street	Ci	itv		State	
Language:	[] Liturgy in	n English	[]Li	turgy in Spanish edal/Crucifix	[]B	ilingual
	s were explain	ined to me, ar	nd I agree to	o all the rules, and	d I will follow S	Saint Clare Parish
procedures. Parent Name and Note: Please do not sign u	1 Signature:	peen explained to you	1.	_ X	Date:	
CHURCH OFFICE			Pra	ayer of the Faithf	iul	
Music: [] St. Cl	are Choir []	Outside Musi	icians:	Name of the n	nusician coordi	 nator
[] Baptismal Ce	rtificate[]Fi	rst Communi	on Certifica			
Offering: \$600 Deposit of \$200	(non-refunda	ıble) [] Checl	k#[]	Cash Re	ceipt #	Date
Amount due \$ _	Pa	id \$	Owe \$	Date	Receipt #\$_	_
Amount due \$ _	Pa	id \$	Owe \$	Date Date	Receipt # \$ _	