

Men's Day of Recollection Registration

December 19, 2021

Participant's name: _____ Phone: _____

Address: _____ City/State/Zip _____

Email address: _____ Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone(s): _____ Relation: _____

Do you have any food allergies? Gluten Dairy Other: _____

Do you have any medical condition(s) the director of this event, Fr. Michael Isenberg, should be aware of?

Yes No If YES please explain:

COVID-19 Protocols:

Please be aware that you will not be permitted to participate in this event if:

- You have any symptoms of COVID (cough, shortness of breath, fever over 100.3; chills; muscle aches; sore throat);
- You have been exposed to someone within 14 days of the trip who I know has tested positive for COVID;

Note that face coverings are required while in public areas inside the seminary.

Please return this form to the Office of Vocations by December 10, 2021

vocations@arlingtondiocese.org

Catholic Diocese of Arlington / Office of Vocations / 200 N. Glebe Road, Suite 901 / Arlington, VA 22203