

Men's Day of Recollection Registration

December 21, 2025

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, Father Noah Morey, should be aware of?

Yes No If YES please explain:

Please return this form to the Office of Vocations by December 12, 2025

vocations@arlingtondiocese.org

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