

Middle School Harbor Cruise
Registration

Parish/School _____

Address _____

City/Town _____

Contact Name _____

Phone: _____ Cell: _____

Email _____

Number of Adults: _____ x \$18.00 = _____

Number of Teens: _____ x \$18.00 = _____

Total Number: _____ x \$18.00 = **Amount Enclosed:** _____

Please make all checks payable to:
Office for the New Evangelization

Send total payment to:

**Middle School Harbor Cruise
Office for the New Evangelization
Pastoral Center
66 Brooks Drive
Braintree, MA 02184**