

High School Harbor Cruise  
Registration

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

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Number of Adults:** \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

**Number of Teens:** \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

**Total Number:** \_\_\_\_\_ x \$20.00 = **Amount Enclosed:** \_\_\_\_\_

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

**Send total payment to:**

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