



All Souls Parish Quinceañera Registration Form

Meeting Date: _____

Quinceañera's Name: _____

Date Request: 1st Choice: _____ 2nd Choice: _____

Time: _____ (No later than 1:00 pm on Saturdays) Mass Service

Mother's Name: _____

Father's Name: _____

Address: _____ Zip: _____

Email: _____ Cell: (____) ____ - _____

Registered members of All Souls Parish? Yes, since _____

No, which parish: _____

Church of Baptism: _____ Date: _____

Church of Confirmation: _____ Date: _____

If not Confirmed, when is it scheduled? _____

Preparation Classes: *(Quinceañera must attend 2 classes. Dates will be provided)* Completion: ___/___/___ Certificate

Rehearsal Date: _____ Time: _____ Coordinator: _____

Fees: Must be paid in full before Quinceañera is scheduled (All checks should be made payable to All Souls Parish)

_____ Church Donation - \$300.00	Total Amt. Due:	\$ _____
_____ Parish Musician - \$100.00	Amount Paid:	\$ _____
_____ Outside Priest - \$75.00 (if arranged by parish)	Balance Due:	\$ _____
_____ Altar Servers - \$10.00 each (Cash envelope only)	Payment Method:	_____
	Date:	_____

We understand the requirements for the celebration of a Quinceañera at All Souls Parish. We acknowledge and accept that the first interview, preparation classes, and rehearsal **must be completed before** the scheduled Quinceañera celebration. Failure to complete the requirements may cause the celebration to be rescheduled for a later date.

Quinceañera/Young Lady Signature

Parent/Guardian Signature

Date of Registration

Registered by: