



ARCHDIOCESE OF
NEW ORLEANS
Office of
Black Catholic Ministries



**HABARI GANI XI
REGISTRATION FORM
(Please Print)**

Date: _____

Church Parish _____ Grade _____

Name _____

Address: _____

City _____ State _____ Zip Code _____

Parent's Name _____

Cell Phone # _____ Home # _____

E-mail address _____

Payment Options:

CASH (At the office),

CHECK (Make checks payable to Office of Black Catholics/ OBCM)

MAILED TO THE OFFICE-

Attention of OBCM to:

7887 Walmsley Ave

New Orleans, La 70125

CAMP ABBEY RETREAT CENTER

April 20-22, 2018

77002 K C Camp Rd., Covington, LA 70435 9am-4:30pm

Office Email: bcatholics@arch-no.org

Phone Number: 504-861-6207