



Please return by June 30, 2012

Contact Information

Please print:

First Name Last Name Middle Initial

Home Address: Street City State Zip

Home Phone Cell Phone

Preferred Email Rochester Email

Mother's Name Mother's Email

Mother's Address (if different): Street City State Zip

Father's Name Father's Email

Father's Address (if different): Street City State Zip

Interests

☐ Retreats ☐ Interfaith Activities ☐ Service Projects ☐ Other: _____
☐ Social ☐ Music ☐ Assisting with Worship _____

Religious Affiliations

Please check:

☐ Baha'i ☐ Jewish (Conservative) ☐ Mormon (LDS) ☐ Quaker
☐ Buddhist ☐ Jewish (Orthodox) ☐ Muslim ☐ Unitarian/Universalist
☐ Catholic ☐ Jewish (Reconstructionist) ☐ Orthodox Christian ☐ Other Faith Tradition
☐ Hindu ☐ Jewish (Reform) ☐ Protestant Please indicate your denomination in the Comments ☐ Non-Affiliated

Comments/Suggestions/Needs

Place of Worship (Parish/Synagogue/Mosque/etc.)

Please provide if applicable:

Name

Street Address City State Zip

Please mail, fax, email, or submit this form online:

University of Rochester Interfaith Chapel
Box 270501
Rochester, NY 14627
Email: URInterfaithchapel@rochester.edu
Fax: (585) 276-0203
www.rochester.edu/chapel