

[Adobe Reader 7](#) or higher is needed to fill in and submit this form online.

St. Mark Catholic Church & School Alumni Association Registration Form

CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____

MAIDEN NAME (or NA) _____ CLASS YEAR _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

EMAIL _____

COMPANY NAME _____ POSITION _____

SPOUSE LAST NAME _____ SPOUSE FIRST NAME _____

COMPANY NAME _____ POSITION _____

CHILDREN:

LIST NAMES AND YEAR OF GRADUATION FROM SAINT MARK SCHOOL IF APPLICABLE

Yes, I would like to become a Class Representative

EDUCATION INFORMATION

HIGH SCHOOL ATTENDED _____ YEAR GRADUATED _____

COLLEGE ATTENDED _____ DEGREE EARNED _____ YR. GRADUATED _____

COLLEGE ATTENDED _____ DEGREE EARNED _____ YR. GRADUATED _____

**Registration is available on line at www.stmarkcleveland.com or contact Judy Ghazoul Hilow,
Director of Advancement at jghilow@stmarkcleveland.com or 216-870-2546**

If you would like to become a parishioner, please call the Parish Office at 216-226-7577

Pastor: Reverend John Miceli: Parish Office- 216-226-7577 or jmiceli@stmarkcleveland.com

Saint Mark School, Principal, Karen Cocita, School Office- 216-521-4115, or cocita@stmarkwestpark.com,