



**Armagh Diocesan Youth Faith Awards Enrollment  
Form**

**The Muiredach Cross Award.**

**Name:**

**Address:**

**DOB:**

**Name of School:**

**Name of School Coordinator:**

**Name of Parish:**

**Name of Parish Coordinator:**

**Name of Parent Guardian:**

**Address if different from above:**

**Your Email Address:**

**Contact no.:**

**Signature:**

**Date:**

**Parent/Guardian's Signature:**

**Date:**

**Please return to, Mr. Pierce Fox, Armagh Diocesan Youth Office, Youth Faith  
Awards, Cathedral Rd. Armagh, BT61 7QY**

Tel. 028 3752 5592