

Registration Form

Family Name(s) _____

Family Members : Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Adult Occupations: _____

Address _____

Postal Code _____

Telephone _____

Email _____

I would like envelopes _____ (Yes or No)

I would like to volunteer for the following ministries or organizations

<u>Ministry or Organization</u>	<u>Name</u>
<u>C.W.L</u>	_____
<u>Knights Of Columbus</u>	_____
<u>Music Ministry</u>	_____
<u>Youth Ministry</u>	_____
<u>Altar Servers</u>	_____
<u>Children's Liturgy</u>	_____
<u>Eucharistic Ministers</u>	_____