

MINISTRY REGISTRATION

NAME: _____ MINISTRY: _____
(LECTOR, EUCHARISTIC MINISTER, ALTAR SERVER)

ADDRESS:

TELEPHONE(S): (HOME) _____
(CELL) _____
(WORK) _____

EMAIL ADDRESS: _____

PLEASE SELECT TWO CHOICES, FROM BELOW, INDICATING YOUR PREFERENCES IN SUPPORTING YOUR MINISTRY:

ST. MARY CHURCH

Holy Trinity Church

_____ 4:00 PM SATURDAY
_____ 8:30 AM SUNDAY
_____ 10:30 AM SUNDAY

_____ 5:00 PM Saturday

IF YOU SUPPORT MORE THAN ONE MINISTRY, USE A SEPARATE SHEET FOR EACH.