

# 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

\_\_\_\_\_ 5:00 PM Saturday

\_\_\_\_\_ 8:00 AM SUNDAY

\_\_\_\_\_ 9:00 AM SUNDAY

\_\_\_\_\_ 10:30 AM SUNDAY

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