

GENERATIONS OF FAITH REGISTRATION FORM



Name of Household _____

Address _____

Home/Cell Phone _____ E- Mail _____

Parish _____ Our household usually attends on Sunday _____ or Wednesday _____

Please include last name if different from family name

Adults: _____ wk/cell phone _____

_____ wk/cell phone _____

_____ wk/cell phone _____

Children: _____ Grade: _____ School: _____

I/We would like to serve in these ways: (Please check)	
<input type="checkbox"/> Greet	<input type="checkbox"/> Catechist (21 or older)
<input type="checkbox"/> Register	<input type="checkbox"/> Prayer leader/lector
<input type="checkbox"/> Bring snacks	<input type="checkbox"/> Assemble handouts
<input type="checkbox"/> Arrange snacks	<input type="checkbox"/> Publicity/photography
<input type="checkbox"/> Clean up	<input type="checkbox"/> Actor/Actress
<input type="checkbox"/> Decorate	<input type="checkbox"/> Other (describe)

PLEASE FILL OUT AND DROP IN COLLECTION BASKET OR PARISH OFFICE A.S.A.P.

\$50 per year (6 sessions) or \$10 per session per Household

\$25 per year (6 sessions) or \$5 per session for an Individual or a Senior Household (60 yrs. old)