

# 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:

HOLY TRINITY CHURCH

\_\_\_\_\_ 5:00 PM SATURDAY  
\_\_\_\_\_ 7:30 AM SUNDAY

ST. MARY CHURCH

\_\_\_\_\_ 4:00 PM SATURDAY  
\_\_\_\_\_ 9:00 AM SUNDAY  
\_\_\_\_\_ 10:30 AM SUNDAY

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