PLEASE PRINT ALL INFORMATION

NAME: _____
LAST FIRST MIDDLE SUFFIX

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Do you want offertory envelopes mailed to you? Yes _____ No _____

Do not write in this box.

If Winter Resident
(alternate address) _____
Address City State Zip
Months in Florida: _____ From: _____ To: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

Please fill in for everyone, including yourself.

ADULTS IN HOUSEHOLD

Full Name	Occupation	Date of Birth	Gender	Ethnicity	Marital Status	Religion

CHILDREN IN HOUSEHOLD

Full Name	Relationship	Date of Birth	Baptism	First Comm	Confirmation	Religious Ed	Grade

MINISTRY OPPORTUNITIES

As a total Stewardship Way of Life Parish, we invite you to select any areas in which you might like to share your time and talent for the glory of God and the good of His people.

Please indicate: Name of family member plus: I = Interested A= Active

Liturgical Ministries

Eucharistic Minister_____
Sacristan_____
Usher/Greeter_____
Lector_____
Altar Server_____
Choir_____
Musician_____
Environment_____

Service Ministries

Church Cleaning_____
Rosary Walk Maint_____
Flower Bed Maint_____
Gift Shop_____
Office Volunteer_____
General Maintenance_____

Outreach Ministries

Ministry to the Sick_____
Funeral Arrangement_____
Bereavement Support_____
Pro-Life Ministry _____
Catechist_____
Youth Group_____
Driver for Special Needs_____
Food Pantry_____

Seasonal Events

Paczki Dinner Dance_____
Baby Shower_____
St. Patrick's Dinner_____
Golf Tournament_____
Thanksgiving Baskets_____
Christmas Giving Tree_____
Polish Christmas Tradition_____

Spiritual Ministries

First Friday Adoration_____
Divine Mercy_____
Prayer Blankets_____
Rosary Makers_____

Special Talents

Cooking_____
Plumbing/Electrical _____
Carpentry/Painting_____
Crafts/Sewing_____

Social Ministries

Women's Club_____
Classie Lassies_____
Seniors Club_____
Bingo Wed _____ Fri _____