



BUKAS-LOOB sa DIYOS

“Open in Spirit to God”

Rochester, New York

Catholic Charismatic Covenant Community

Life in the Spirit Seminar Registration Form

The following information is required for the organization of this Life in the Spirit Seminar.

All the questions must be answered. Please print your response. (All information given is kept confidential.)

Name: _____ I prefer to be called (*i.e. nickname*) _____

Address: _____

Telephone Number: (*Cell*): _____ (*Home*): _____

Male: ☐ Female: ☐ Email Address: _____

Age Range: < 20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ 70+ ☐

Parish to which you belong / attend regularly: _____

Have you been baptized? ☐ Yes ☐ No Have you been confirmed? ☐ Yes ☐ No

Where do you attend Sunday Mass? _____

Occupation: _____ Special Requirements (*dietary, handicapped access, etc.*) _____

The following information can help the LSS organizers to ensure that we are serving you in the best way possible but completing following questions is optional.

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

Number of Children (*if applicable*): _____

Ages of Children: _____

Do you belong to a prayer group? ☐ Yes ☐ No Group name: _____

Do you belong to a parish organization or serve in parish ministry? ☐ Yes ☐ No

Please list all (*i.e. Choir, Eucharistic Minister, Reader of the Word, Knights of Columbus*) _____

Signature: _____ Date: _____

<https://www.bldrochesterny.org>

If you have any questions please call or email

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