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: ☐ Fen	nale:   Em	ail Address	·				
Age Range: < 2	0 🗆 21-30 🗀	31-40 🔲	41-50 🗆	51-60 🗆	61-70	70+ 🗆	
Parish to which	you belong / attend r	egularly: _					
Have you been l	paptized?   Yes	□ No	Have you been	n confirmed?	☐ Yes	□No	
Where do you a	tend Sunday Mass?						
Occupation:	Occupation:Special Requirements (dietary, handicapped access,etc.)						
completing follow	rmation can help the LS ng questions is optional	l <b>.</b>					
☐ Single	☐ Married	☐ Separa	ated $\square$	Divorced	□ Wide	ow(er)	
Number of Chile	dren ( <i>if applicable</i> ): _						
Ages of Childre	n:						
Do you belong to	a prayer group?	∃Yes □	No Group 1	name:			
Do you belong to	a parish organization	n or serve in	parish ministr	y? □ Yes	□ No		
Please list all (i.e.	Choir, Eucharistic Min	ister, Reader	of the Word, Ki	iights of Colun	ıbus)		
Signature:		Da	nte:				