

HOLY SPIRIT PARISH PRE-REGISTRATION FORM

Date _____

Last Name _____ First Name _____

Spouse _____ Phone No. _____

Address _____ Zip _____

Age Group 20-30 ____ 31-40 ____ 41-50 ____ 51-60 ____ over 60 ____

Mass usually attended: 5:30 Saturday ____ 8:00 Sunday ____ 10:15 ____ 12:00 ____

Child's Name _____ Age ____ Child's Name _____ Age ____

Child's Name _____ Age ____ Child's Name _____ Age ____

Note: This form is only a pre-registration application. To be fully registered, you MUST ATTEND an informative breakfast after liturgy hosted by Holy Spirit. We will contact you with the registration dates.

Drop this form in the collection basket at any weekend mass or put it in the pre-registration box by the information table.