REGISTERED, PARTICIPATING AND CONTRIBUTING PARISHIONER

Student First and Last Name: _____

Grade Level: _____

Parent/Guardian First and Last Names: _____

Address, City, State, Zip: _____

Phone (circle one – cell or home): _____

Parent Email: _____

I verify that the above-mentioned parties are:

Parishioners of _____ Parish in _____, WV and they are:

____ registered

____ participating

_____ contributing

PARISH SEAL

_____

Pastor Name

_____

Pastor Signature

_____

Date