

ST. STANISLAUS MINISTRY REGISTRATION

*Please submit a form if there are any additions, cancellations or changes to your schedules.
Thank You!*

EMAIL ADDRESS _____
Receive your schedule by email

TELEPHONE NUMBER _____
Verify your area code & phone number

	USHER(S)	MASS PREFERENCE		
NAME	_____	() 4:30	() 10:30	() STOP

NAME	_____	() 4:30	() 10:30	() STOP
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Date: _____ **Initial:** _____