

FOR ALL OUR MINISTRIES

I intend to continue in this Ministry once we return to full participation again.

NAME _____

Phone _____

Email _____

Name of Ministry (check all that apply)

READERS

MUSIC

YOUTH

ALTAR SERVERS

USHERS

**EXTRORDINARY MINISTERS
OF HOLY COMMUNION**

**Please return to the office or drop off at the church and place
in box marked MINISTRIES**

Thank You

Father Don Sanvido