

Parish Information Form- 2019

Parish Name: _____

Address: _____

City: _____ State _____ Zip _____

Parish Phone #: _____ Parish Email: _____

Priest's Name: _____

Priest's Phone # (used only for emergencies) _____

Contact Person: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____

Circle where you want the information sent: Parish address or Contact Address

Estimated # of students Grades 1 through 8: _____

Estimated # of high school students: _____

Saturday Mass Schedule: _____

Sunday Mass Schedule: _____

Weekday Mass Schedule: _____

I have read the Parish Blue Book and agree to the guidelines and responsibilities stated therein.

Pastor

Date

Please return with first invoice by December 1, 2018 to:
Office of Youth Discipleship & Evangelization
Attn: Becca Ekeren
523 N. Duluth Ave.
Sioux Falls, SD 57104