

St. Robert Bellarmine Catholic Church

Registration

Family Name _____

Address _____

Phone Number _____

Email _____

Family Members

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

Stewardship

We would want Envelopes? yes no

We are able to give time to:

Music _____ Lector _____ Eucharistic Minister _____ Altar Server _____ Usher _____

Religious Ed. Teacher _____ Youth Ministry _____

Knights of Columbus _____ St. Bobs Belles _____ Prayer Group _____ Bible Study _____

Other _____