

**ST. MONICA & ST. ROSALIE PARISH ORGANIZATION INFORMATION JULY 2024 - JUNE 2025**

(Please complete both sides of the form with current information) DATE \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

GROUP NAME \_\_\_\_\_ TROOP NAME & NUMBER \_\_\_\_\_

CONTACT PERSON #1 \_\_\_\_\_

PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON #2 \_\_\_\_\_

PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

WHAT IS THE MISSION OF THIS ORGANIZATION? \_\_\_\_\_

WHAT ACTIVITIES DO YOUR MEMBERS TAKE PART IN? \_\_\_\_\_

WHO IS ELIGIBLE TO JOIN? \_\_\_\_\_

ARE THERE DUES TO JOIN? \_\_\_\_\_ AMOUNT? \_\_\_\_\_ ENROLLMENT PERIOD? \_\_\_\_\_

IS THERE A CONTACT PERSON THAT INTERESTED PARTIES CAN CALL DIRECTLY? \_\_\_\_\_

IF SO, WHO WOULD THAT BE? \_\_\_\_\_

WHAT INFORMATION MAY WE RELEASE? NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE**

**RETURN THE COMPLETED FORM TO KATARZYNA TORRES IN THE PARISH OFFICE OR EMAIL THEM TO  
SCHEDULING@STMONICA.US**

