

ST. MONICA 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

