

Precious Blood Parish
1737 Lawrence Avenue East
Toronto, Ontario M1R 2X7

REGISTRATION FORM

Name			
_____	_____	_____	_____
First Name	Family Name	First Name of Spouse	Family Name of Spouse (if different)
_____	_____	_____	_____
Child	Child	Child	Child
Address			

Street			

City – Province – Postal Code			
Contact Information:			
Phone #:	_____	_____	_____
	Residence	Cell	Business
Email Address:	_____		
Envelopes:			
Would you like to use weekly offering envelopes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, you may pick up your envelopes next Sunday from the Weekend Office, open during all the masses on the weekend.			
Volunteering & Questions:			
Would you like to volunteer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any questions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer "Yes" to any of the above questions, a volunteer will contact you.			

Welcome to the Precious Blood Family!