

TOGETHER IN MINISTRY
PARTICIPANT
APPLICATION



Name of Parish/City _____

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (H) _____ (W) _____

E-mail Address _____

Please check the session(s) you would like to register for that correlates with your involvement at your parish or area faith community.

- ___ September 17 *Youth Ministry*
- ___ October 15 *Human Resources*
- ___ November 19 *Marriage and Family*
- ___ December 10 *RCIA*
- ___ February 25 *Culture*
- ___ April 28 *Adult Faith Formation*

Pastoral Leader/Pastor's Signature: _____ Date: _____

- Bill Parish
- Nonrefundable payment enclosed

Registration per session is \$10 which includes breakfast and materials.

Kindly register one week prior to session.

Return one week prior to session to TOGETHER IN MINISTRY, 1400 6th St N, New Ulm, MN 56073