

Item #4

CONFIRMATION AT SS.PETER AND PAUL CATHEDRAL

CONTACT SHEET

Date of Confirmation: _____

This form must be returned to the Office of Worship as soon as possible, once these assignments have been made.

CONTACT PERSON FOR OVERALL PLANNING

Name and Parish: _____

Email Address: _____

Daytime Telephone: _____

CONTACT PERSON FOR MUSIC

Name and parish: _____

Email address: _____

Daytime Telephone: _____

CONTACT PERSON FOR RECEPTION

Name and parish: _____

Email address: _____

Daytime Telephone: _____