



# P A R I S H R E G I S T R A T I O N

## P A R I S H

PARISH NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE #	PASTOR'S NAME	
# REGISTERED FAMILIES	MINISTRY COORDINATOR	
PARISH WEBSITE	MINISTRY COORDINATOR EMAIL	

## L E A D C O U P L E

LAST NAME	
HUSBAND'S FIRST NAME	WIFE'S FIRST NAME
EMAIL ADDRESS	
PHONE #	# YEARS MARRIED

## P R O G R A M

PLANNED LAUNCH DATE FOR COL IN YOUR PARISH:	
<p>PLEASE CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> The lead couple or parish agrees to have their contact information (email address and phone number) on the COL website.</p> <p>Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail</p>	
<p><b>FEEDBACK</b></p> <p>How did you hear about COL? _____</p> <p>Why did you choose COL for your parish? _____</p> <p>What COL resources have you found useful? (e.g., website, conference calls, etc.) _____</p>	
PASTOR APPROVAL SIGNATURE	DATE