CHRISTLIFE™

Date: _____/_____/_____

Name: _____ _____
(First) -PLEASE PRINT CLEARLY- (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Daytime) _____

Cell/Mobile Phone: _____

Email Address: _____

Age Range ___18-21 years ___22-49 years ___50-65 years ___Over 65 years

Dietary Restrictions

___Vegetarian ___Vegan __Gluten-free ___Other_____

How did you hear about Christ Life Catholic Ministry for Evangelization?

___Parish Bulletin ___Parish Mailing ___Announcement at Mass ___Facebook ___Other