

Star of the Sea Catholic Church  
2015-2016 Adult Christian Formation



Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City & State) (Zip Code)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Please be advised that Flocknote will be used for email and text communication. Please text SOSCF to 84576 to add your contact information safely into our account.

Please indicate which Class Session(s) you are interested in

- \_\_\_\_\_ Monday 6:15 – 7:30pm Adult Faith Sharing (while the children are meeting)  
\_\_\_\_\_ Tuesday AM 9:00 – 11:00am Mother’s Faith Sharing Group – children welcome  
\_\_\_\_\_ Tuesday PM 6:15 Mass and Rosary, 7:00 – 8:30pm Adult Faith Sharing

Which Mass do you attend: \_\_\_\_\_ 5pm \_\_\_\_\_ 8am \_\_\_\_\_ 10am \_\_\_\_\_ 12pm

Parish ID# (on your parish envelope): \_\_\_\_\_

Christian Formation Fee :  
\$15.00 Adults only  
\$50 per Family

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Media Release Form

I give permission for pictures and/or video of the above named individual engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission. If neither box is checked below, Star of the Sea assumes you give permission

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_