



Holy Trinity Moms' Group Registration Form



(Please complete and bring with you to a meeting.)

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____

Email _____

Birthday _____

Husband's Name _____ Anniversary _____

Children's Names, Ages & School Attending

Hobbies _____

Hometown _____

Member of Holy Trinity? Yes No If not, where do you attend church? _____

New to the Area? Yes No

Which mass do you typically attend?

Holy Trinity

☐ Saturday 5pm

☐ Sunday 8am

☐ Sunday 10:30am

☐ Sunday 5pm

St. Stephen

☐ Saturday 5pm

☐ Sunday 9:30am

☐ Sunday 12pm