

## **Enrollment in the Adoration Society**

**Please complete the form below, print it, mail it to the rectory, drop it off at the rectory, or place it in the collection basket.**

**All respondents will be contacted shortly.**

**All enrollments will be personally acknowledged.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please mark the Saturday of the month that you might be able to attend most months of the year.

Week1\_\_\_ Week2\_\_\_ Week3\_\_\_ Week4\_\_\_

A few months have a 5th Saturday. If you would like to volunteer, please indicate.

Week5\_\_\_