



Newman Catholic Community
 5900 Newman Ct, Sacramento, CA 95819
 (916) 454-4188 | www.sacnewman.org

Name: _____ Birthday: _____
 (First) (Last)

Spouse: _____ Birthday: _____
 (First) (Last)

Address: _____

 City Zip

Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

University/College Status:

- Student: your university or college of attendance: _____
 Faculty Staff Alumni

Please list information regarding your school-age children:

Name: _____ Birthday: _____ Grade: _____

Name: _____ Birthday: _____ Grade: _____

Name: _____ Birthday: _____ Grade: _____

Name: _____ Birthday: _____ Grade: _____

I will support the Newman Catholic Community with ongoing financial support in the amount of \$ _____ per _____.
 (One-time and recurring giving though electronic funds transfer or credit card available at www.sacnewman.org)

I am interested in the following activities:

<input type="checkbox"/> Lector	<input type="checkbox"/> Scripture Studies	<input type="checkbox"/> Young Marrieds Group
<input type="checkbox"/> Eucharistic Minister	<input type="checkbox"/> Financial Committee	<input type="checkbox"/> Religious Education
<input type="checkbox"/> Liturgical Environment	<input type="checkbox"/> Prayer Groups	<input type="checkbox"/> Becoming Catholic (RCIA)
<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Student Leadership	<input type="checkbox"/> Loaves & Fishes
<input type="checkbox"/> Grief Ministry	<input type="checkbox"/> Family Faith Formation	<input type="checkbox"/> Deaf Ministry
<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Community Service	<input type="checkbox"/> Social Justice Forum
<input type="checkbox"/> Young Adult Ministry	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Help with Hospitality
<input type="checkbox"/> Adult Spiritual Development	<input type="checkbox"/> Fund Raising	

Please provide comments that you feel may help to strengthen our community:
