

CLERGY REQUEST FORM

ROUTE TO:

**RELIGIOUS EDUCATION OFFICE ASSISTANT,
BARB HEPPNER**

Please submit request form at least 2 weeks in advance, use separate form for each request.

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NAME _____

GRADE _____ **ROOM NUMBER** _____

DATE & TIME PRIEST OR DEACON ARE REQUESTED

1ST Choice _____

2nd Choice _____

PRIEST OR DEACON NAME (if preference) _____

TO PERFORM WHAT DUTY (mock Baptism, speak on sacraments, etc.)
