



# P.A.S.T. TRAINING SESSIONS

## REGISTRATION FORM

(One for per person please)

Name (please print): \_\_\_\_\_

E-Mail Address (please print): \_\_\_\_\_

- ▶ Position (please mark):     Pastor     Associate Pastor     Parish Administrator  
                                           Parish Life Coordinator             Volunteer  
                                           Support Staff (secretary, administrative assistant)

- ▶ Please indicate if you will be inputting sacramental information or if you will be viewing the information ONLY:

- I will be inputting the sacramental data.  
 I will be viewing the sacramental data only.

- ▶ Please list the city & parish name for **each set of registers** you are responsible for:

CITY	PARISH NAME

- ▶ I will be attending the following session (please CHECK)

CHECK ✓	CITY & LOCATION	DATE
	Gaylord, Diocesan Pastoral Center	September 30 @ 10:00 a.m.
	Gaylord, Diocesan Pastoral Center	October 22 @ 10 a.m.

**Please return the registration form to:**

**Diocese of Gaylord • P.A.S.T. Registration • 611 W. North St. • Gaylord, MI 49735  
Fax: 989-705-3589**