



CGA Ministry Registration Form

First Name:	
Last Name:	
Street:	
City:	
State/Zip/Postcode	
Email:	
Phone:	
Parish Priest Name:	
Parish Priest Phone or Email	
Parish Name:	
Parish City:	
Bishop's Name:	
Diocese:	
I hereby agree to abide by the guidelines, policies and reporting requirements of the Catholic Grandparents Association.	Please tick or X the box <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> </div>
Organizer's Signature:	
Parish Priest Signature:	
Date Submitted:	