

**Christ the King Roman Catholic Parish - Regina
Parishioner Registration Form**

PLEASE PRINT

Date: _____ Family Name: _____

Given Name(s): _____ Date of Birth: _____

Spouse Name(s): _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone(s): _____

Email Address(es): _____

Parish Previously Attended: _____ Location: _____

Family Information: Please list all dependents up to the age of 19 that reside at the same address. Place a ✓ to indicate if the sacraments have been received by the dependent.

Dependent First Name (Family name if different)	Sex M/F	Birthdate (yr/mo/day)	School	Baptism	First Eucharist	Reconciliation	Confirmation

Celebrating and sharing God's gifts - how can you contribute your talents?

Please support our parish by volunteering:

Liturgy & Worship-including Children's Liturgy, Youth Ministry, Ministry of Care, Sacramental Prep, Spiritual Education,
Finance and/or Parish Council- including Social Functions, Ecumenism, Evangelization and Social Justice

Family Member name	Ministry	Gifts/Talents

Authorization Agreement for Automatic Funds Transfer

As used in this authorization, "we" and "us" means the owners of the accounts identified below.

PLEASE PRINT

I (we) authorize and direct **Christ the King Parish** to:

debit my/our account, account number _____
(account number)

held at _____
(financial institution name)

located at _____
(address of financial institution)

in order to deposit funds to the account of **Christ the King** in the amount of \$_____.

Frequency of Transfer:

Weekly _____ (debit occurs on Fridays)

Monthly _____ (debit occurs on the second day of each month)

Annual Financial Commitment: \$_____

✓ **Please attach a void cheque for the account indicated above to be debited.**

This authority is to remain in full force and effect until written notification has been received from me (or either of us) at least 14 days prior to a change in the amount or if I/we change bank accounts. I/we may cancel at any time by letter at least 14 days prior to the date of cancellation.

_____ I do not wish to do AFT/EFT I want a box of envelopes for the weekly collection basket.