

Please fill in the information on this form and email it to the office, or print it out and return it to the office. (* Fields with an * are required.} Name * Phone * email address *

Yes No

Are you registering for just yourself? *

If No, please provide your name and the names of the other people you are registering.

Please select three different Masses that you can attend. We will do our best to assign you to your first choice.

First Choice:

Select a Day of the Week: Mon Tue Wed Thu Fri Sat

8:30 AM 5:30 PM

Second Choice:

Select a Day of the Week: Mon Tue Wed Thu Fri Sat

8:30 AM 5:30 PM

Third Choice:

Select a Day of the Week: Mon Tue Wed Thu Fri Sat

8:30 AM 5:30 PM

Thank you for completing this form. Click Save Form, to save a copy on your device and them send it to: rsvp@marymagdalen.org. Or, print the form and mail or drop off at the Parish office. Or, Click Submit Form and Adobe will send the form using your email account

Please let us know of ADA accommodations, or Essential Worker scheduling.