

2009 Leadership Form

Please print clearly!

Parish: _____
Mailing Address: _____
Street Address: _____
City: _____ St: _____ Zip: _____
Telephone: _____ Fax: _____
Parish E-mail: _____
Parish Website: _____

Priest: _____
Home Street Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____ Email: _____

Assistant/Associate to the Priest: _____
Home Street Address: _____
Home Phone: _____ E-mail: _____
Note: If there is more than one, please add information on back of this sheet.

Senior Warden: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____ Office Phone: _____ Fax: _____
E-mail: _____

Junior Warden: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____ Office Phone: _____ Fax: _____
E-mail: _____

Administrative Contact: _____
Home Street Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____ Fax: _____ E-mail: _____

Clerk of the Vestry: _____
Home Street Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____ Fax: _____ E-mail: _____

Treasurer: _____
Home Street Address: _____
City: _____ St: _____ Zip: _____

Continued on back...

Home Phone: _____ Fax: _____ E-mail: _____

Stewardship Chairperson: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Liturgical Director and/or Worship Committee: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Youth Contact: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Deanery Representative: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Deanery Representative: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Millennium Development Goals Representative: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Millennium Development Goals Representative: _____

Home Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____