

Candidate Name: _____ Parish: _____

Sponsor Information Card
Please Print

Name: _____ Parish: _____

Address: _____ Home Phone: _____

City, State, Zip: _____

E-mail: _____

Please contact me by:

mail

e-mail

phone

RETURN TO:

**St. Joseph Religious Education Office
1901 Lincoln Avenue
Stevens Point, WI 54481**

Please return this form by September 21, 2008. Thank you!!

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