

# Catholic Adult Fellowship

(Sponsored by St. Joseph University & St. Patrick Parishes, Terre Haute, Indiana)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Residence \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Birthday (Month and Day) \_\_\_\_\_

DATE: \_\_\_\_\_

Can we add your contact info to our CAF Contact List and Listserve? (Distributed to CAF members and Friends of CAF only.) \_\_\_\_\_

How did you hear about CAF? \_\_\_\_\_

What Parish do you belong to? \_\_\_\_\_