

**EYE Application
Diocese of Maryland**

Name _____

Birthday _____ **Gender** M F **T-shirt size** _____

Grade finished in June 08 _____

Address _____

City _____ **Zip** _____

Church _____

Phone # _____ **e-mail** _____

Parents :

Mother / Guardian _____

Phone: Home _____ **work/cell** _____

e-mail _____

Father / Guardian _____

Phone : home _____ **work/cell** _____

Special Needs _____

Would like to participate as

Choir Member _____

Lay Eucharist Minister _____

Small Group Leader _____

Acolyte _____

News Staff _____

Altar Guild _____

Hospitality _____

Audio/Visual _____

Spanish small group _____

Special Requests

Wheel chair _____ Sight impaired _____

Hearing Impaired _____