Perpetual Eucharistic Adoration

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check one or more of the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| **9:00am - 10:00 am** |  |  |  |  |  |  |
| **10:00am - 11:00am** |  |  |  |  |  |  |
| **11:00am - 12:00pm** |  |  |  |  |  |  |
| **12:00pm - 1:00pm** |  |  |  |  |  |  |
| **1:00pm - 2:00pm** |  |  |  |  |  |  |
| **2:00pm - 3:00 pm** |  |  |  |  |  |  |
| **3:00pm - 4:00pm** |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby give permission for St. Alfred Catholic Church to share my personal information [name & phone number], *with other Permanent Adorers*; in order to help find a substitute if necessary.

**ST. ALFRED ROMAN CATHOLIC CHURCH**

272 Vine Street, St. Catharines ON L2M 4T3 Phone: 905-934-9703 Fax: 905-934-1155

<https://www.stalfredcatholicchurch.ca/>