

2009 PARISH COUNCIL & MINISTRY LEADER STATISTICS

KINDLY COMPLETE AND RETURN THIS FORM TO THE METROPOLIS.

NAME OF PARISH: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____ PHONE #: _____
CHURCH EMAIL: _____ NAME OF SECRETARY: _____
PARISH COUNCIL PRESIDENT: _____
HOME ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL ADDRESS: _____
PARISH COUNCIL VICE PRESIDENT(S): _____
HOME ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL ADDRESS: _____
PARISH COUNCIL SECRETARY: _____
HOME ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL ADDRESS: _____
PARISH COUNCIL TREASURER: _____
HOME ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL ADDRESS: _____

ALSO, ON THE BACK OF THIS FORM, PLEASE LIST ALL OTHER MEMBERS OF THE PARISH COUNCIL WITH THEIR HOME ADDRESSES ALONG WITH THEIR HOME, WORK, CELL NUMBER, AND EMAIL ADDRESS. THANK YOU.

PARISH COUNCIL & MINISTRY LEADER STATISTICS

KINDLY COMPLETE AND RETURN THIS FORM TO THE METROPOLIS.

<p>PHILOPTOCHOS PRESIDENT: _____</p> <p>HOME ADDRESS: _____</p> <p>CITY/STATE/ZIP CODE: _____</p> <p>HOME PHONE: _____ WORK PHONE: _____</p> <p>CELL PHONE: _____ EMAIL ADDRESS: _____</p>
<p>RELIGIOUS EDUCATION DIRECTOR: _____</p> <p>HOME ADDRESS: _____</p> <p>CITY/STATE/ZIP CODE: _____</p> <p>HOME PHONE: _____ WORK PHONE: _____</p> <p>CELL PHONE: _____ EMAIL ADDRESS: _____</p>
<p>GREEK EDUCATION DIRECTOR: _____</p> <p>HOME ADDRESS: _____</p> <p>CITY/STATE/ZIP CODE: _____</p> <p>HOME PHONE: _____ WORK PHONE: _____</p> <p>CELL PHONE: _____ EMAIL ADDRESS: _____</p>
<p>CHOIR DIRECTOR: _____</p> <p>HOME ADDRESS: _____</p> <p>CITY/STATE/ZIP CODE: _____</p> <p>HOME PHONE: _____ WORK PHONE: _____</p> <p>CELL PHONE: _____ EMAIL ADDRESS: _____</p>

YOUTH DIRECTOR/ADVISOR: _____

HOME ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

STEWARDSHIP COMMITTEE CHAIRPERSON: _____

HOME ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

SENIOR CITIZENS COORDINATOR: _____

HOME ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

OTHER PARISH MINISTRIES: KINDLY LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE PERSONS WHO ARE LEADING THE OTHER MINISTRIES OF THE PARISH. THANK YOU.