

ADULT FAITH FORMATION PROGRAM  
Yorkton Deanery  
APPLICATION FORM

UCREC  
1236 College Drive  
Saskatoon, SK  
S7N 0W4  
1 306 652-1718  
[rel.ed@sasktel.net](mailto:rel.ed@sasktel.net)

or

Geraldine Koban  
c/o St. Mary's Church  
155 Catherine Street  
Yorkton, SK  
S3N 0B9  
306 782-0270

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phones: Home ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Specific Interest or gifts:

\_\_\_\_\_ Music

\_\_\_\_\_ Art

\_\_\_\_\_ Others: please specify

Please list all Church related activities in which you have been engaged in:

\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to be involved in this Adult Faith Formation Program?

\_\_\_\_\_  
\_\_\_\_\_