



The Columbia-Greene PEA Chapel Committee

EUCCHARISTIC ADORATION INTEREST SURVEY

YES, I will prayerfully consider spending one hour each week with Jesus in the Blessed Sacrament

Name: _____

Phone: _____

E-mail: _____

Cell Phone: _____

I prefer: (circle one) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

I prefer: <input type="checkbox"/> Morning (6 am to Noon) <input type="checkbox"/> Afternoon (Noon to 6pm) <input type="checkbox"/> Evening (6pm to Midnight) <input type="checkbox"/> Night (Midnight to 6 am)	<input type="checkbox"/> I am flexible <input type="checkbox"/> I will also substitute <input type="checkbox"/> I will help make phone calls
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Signed _____ Date _____

Please return you completed form to:

The Columbia-Greene PEA Chapel Committee
c/o Holy Trinity Parish
Church of Saint Mary
429 E. Allen Street
P.O. Box 323
Hudson, New York 12534-0323
Or

e-mail scanned completed form to: cgpeachapel@gmail.com
