

**Christ the King Roman Catholic Parish - Regina  
Parishioner Registration Form**

PLEASE PRINT

Date: \_\_\_\_\_ Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email Address(es) : \_\_\_\_\_

Parish Previously Attended: \_\_\_\_\_ Location: \_\_\_\_\_

**Support Your Parish:** You are a steward of your parish, and you are invited to contribute to your spiritual home with your Time, Talents and Treasure.

**Time & Talents:** Please indicate your interests on the reverse side OR complete a stewardship form.

**Treasure:** **Automatic Funds Transfer AFT:** \_\_\_\_ (see reverse) **OR** **Contribution Envelopes:** \_\_\_\_

**Annual Financial Commitment:** \$ \_\_\_\_\_

**Family Information:** Please list all dependents up to the age of 19 that reside at the same address. Place a ✓ to indicate if the sacraments have been received by the dependent.

Dependent First Name (Family name if different)	Sex M/F	Birthdate (yr/mo/day)	School	Baptism	First Eucharist	Reconciliation	Confirmation

**Christ the King Roman Catholic Parish**

3239 Garnet Street Regina, Saskatchewan S4S 1X8  
 Phone: 306.586.9020 Fax: 306.584.7633  
 Email: Secretary@christtheking.ca  
 Website: www.christtheking.ca  
 Twitter: @CTKRegina



Thank you for taking the time to complete this registration form. Completed forms can be dropped off or mailed to the parish office attention: **OFFICE ASSISTANT** or placed in the collection basket. If any of your personal information changes please contact the Parish Office immediately. If have any questions or need any assistance please call the Parish Office and we will gladly assist you!

**Welcome to Christ the King Roman Catholic Parish**

## Stewardship: Celebrating and sharing God's gifts.

Ministries: Liturgy; Sacramental Prep; Spiritual Education; Stewardship: Finance; Youth; Pastoral Care; Social Functions; Ecumenism; Social Justice

Family Member name	Ministry	Gifts/Talents

### Authorization Agreement for Automatic Funds Transfer

As used in this authorization, "we" and "us" means the owners of the accounts identified below.

*PLEASE PRINT*

I (we) authorize and direct **Christ the King Parish** to:

debit my/our account, account number \_\_\_\_\_  
(account number)

held at \_\_\_\_\_  
(financial institution name)

located at \_\_\_\_\_  
(address of financial institution)

in order to deposit funds to the account of **Christ the King** in the amount of \$ \_\_\_\_\_.

#### Frequency of Transfer:

Weekly \_\_\_ (debit occurs on Fridays)

Monthly \_\_\_ (debit occurs on the second day of each month)

✓ Attached is a void cheque for the account indicated above to be debited.

This authority is to remain in full force and effect until written notification has been received from me (or either of us) at least 14 days prior to a change in the amount or if I/we change bank accounts. I/we may cancel at any time by letter at least 14 days prior to the date of cancellation.

Parishioners are assigned an envelope number that contributions are posted to for tax receipt issuing purposes. A box of SPECIAL envelopes (envelopes for special collections) will be provided to those signing up for AFT. If you would rather have a FULL box of envelopes which allows you to place an envelope into the collection basket each week, indicate FULL below. If you choose FULL, please write "AFT" on the front of the envelope which will explain the empty envelope.

Contribution envelopes requested: FULL SPECIAL