

Blessed Trinity Catholic Community
PASTORAL COUNCIL NOMINATION FORM



___ I am a registered member of
Blessed Trinity Catholic Community

Name _____

I submit the following **PARISHIONERS**
as candidates for membership on

Blessed Trinity Catholic Community PASTORAL COUNCIL.

(You may also nominate yourself)

- 1. Before nominating these persons, I have received their consent to be candidates.**
- 2. Selection retreat will be on Oct. 13, 9:00 am to 12 noon. Candidates MUST be able to attend this "retreat" in order to be considered for membership. Please make sure that anyone you nominate will be able to attend.**

(1) NAME _____

PHONE _____ ADDRESS _____

___ I have spoken with this person and he/she has agreed to participate in selection process October 13

(2) NAME _____

PHONE _____ ADDRESS _____

___ I have spoken with this person and he/she has agreed to participate in selection process October 13

(3) NAME _____

PHONE _____ ADDRESS _____

___ I have spoken with this person and he/she has agreed to participate in selection process October 13

If you wish to nominate more than three persons, please use an additional Nomination Form.



**Thank you for participating
in the selection of Blessed Trinity's
next Pastoral Council.**