



CHURCH OF THE HOLY CROSS 圣十字架堂

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Registration For Parish Participation

Name: _____ Gender: Male / Female

Contact No.: _____

Email: _____

I would like to join a Faith Sharing Group
My preferred meeting day is (Mon or Tue or, etc.) _____

I wish to join a Ministry. Please specify:-

IMPORTANT NOTE: In filling this form, I give consent to the Church of the Holy Cross for the collection, storage, retention, adaptation, reading, retrieval, use, transmission, blocking, erasure or destruction of the personal data provided by me in this form.

Signature: _____ Date: _____