Master Checklist

One form per parish to be completed by the Parish Contact person

**Please include this checklist when you submit your packet**

**Packets are due to St. Colette by Friday, April 8th**

**NAME OF PARISH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing address of parish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARISH CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Daytime phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **YOUTH APPRECIATION CERTIFICATE recipients:**  | **Nomination Form**  | **Youth** **Profile**  | **Photo—digital or hard copy(optional)** | **Biography**  |
| **1.** |   |   |   |   |
| **2.** |   |   |   |   |
| **3.** |   |   |   |   |
| **4.** |   |   |   |   |
| **5.** |   |   |   |   |
| **6.** |   |   |   |   |
| **7.** |   |   |   |   |
| **8.** |   |   |   |   |

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| **TIMOTHY AWARD OF EXCELLENCE recipient:**  | **Nomination Form**  | **Youth** **Profile**  | **Photo (optional)** | **Biography**  |
| **1.** |   |   |   |   |