

# 2016 Stewardship Coordinator Retreat Form

**Please complete and email to [skbetsa@gmail.com](mailto:skbetsa@gmail.com) by August 1, 2016**

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Home Parish \_\_\_\_\_

## Health Concerns

Do you have any food allergies?  
Please list \_\_\_\_\_

Do you have any dietary restrictions?  
Please list \_\_\_\_\_

Do you have any physical limitations?  
Please list \_\_\_\_\_

Do you require any special accommodations?  
Please list \_\_\_\_\_

## Stewardship in your Parish

On a scale of 1 to 10 (10 being the most active), how active is your parish in stewardship?  
\_\_\_\_\_

What do you think are the greatest obstacles/limitations for stewardship in your parish?  
\_\_\_\_\_

Please list any other comments, suggestions or concerns you would like to share with the stewardship commission regarding stewardship in your parish.

1.

2.

