Perpetual Eucharistic Adoration Information Sheet

Name: _______________________________________________________________________ Address: ______________________________________________________________________ Zip: __________

Phone: __________ Email: ___________________________________________________________________ Parish: _______________________________________________________________________

(PLEASE CIRCLE ALL ANSWERS)

I would be interested in participating in a Perpetual Eucharistic Adoration (P.E.A.) program in the Madison area by taking an hour of adoration: YES / NO

The P.E.A. hour that I would prefer to take would most likely come within the following time:

Morning (6am-12pm)  
Afternoon (12pm-6pm)  
Evening (6pm-12am)  
Late Night (12pm-6am)

I would be willing to be a substitute: YES / NO
I would be willing to take an hour wherever needed: YES / NO
I would be willing to assist a P.E.A. program by contacting adorers by phone and helping coordinate hours: YES / NO

I would prefer the P.E.A. chapel to be at:
Holy Redeemer Church basement chapel
St. Mary’s Hospital
Other __________
Reasons for preference: ________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Ideas or suggestions that might help a P.E.A. program succeed in the Madison area:
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

If you have family members or friends who would likely be interested in taking a P.E.A. hour please list how many: ______

Please hand in this completed information sheet or mail to:

Richard Blaney  
5292 East Lacy Road  
Madison, WI 53711  
(608) 271-6539

You may take extra sheets for others to fill out and mail in. Thank you for your help and please pray for our success. We will keep you informed on future progress.

Please write on the back side if you need additional space.