

Kindly return this form to the Presbytery Office: 655 Scarborough Rd., Scarborough NY 10510; fax: 914-941-2263. This information is extremely helpful to office staff and Presbytery committees. PLEASE INCLUDE PHONE, E MAIL, CELL AND ADDRESS INFORMATION for inclusion in our database. Form on website: www.hudrivpres.org Choose "forms and resources" & scroll. Once complete, save the document and print and fax or attach and e mail. If you already have a list of session/council and deacon members that includes the same information requested, feel free to attach a copy of that in lieu of re-entering on this form. Thank you. jean@hudrivpres.org

**PRESBYTERY OF HUDSON RIVER
CHURCH OFFICIALS LIST**

AS OF _____, 2014

CHURCH NAME:

CHURCH ADDRESS:

CHURCH AREA CODE: PHONE: FAX: E MAIL:

WEB SITE:

PASTOR NAME: CELL:

PASTOR HOME ADDRESS:

Is this a manse? ____

PASTOR HOME PHONE: FAX: E MAIL:

PASTOR NAME: CELL:

PASTOR HOME ADDRESS:

PASTOR HOME PHONE: FAX: E MAIL:

CLERK OF SESSION: PHONE:

E MAIL: FAX: CELL:

CLERK ADDRESS:

PRESIDENT, TRUSTEES: PHONE:

E MAIL: FAX: CELL:

SECRETARY: PHONE:

E MAIL: FAX: CELL:

TREASURER: PHONE:

E MAIL: FAX: CELL:

SUPERINTENDENT, CHURCH SCHOOL: PHONE:

CHOIR DIRECTOR: PHONE:

YOUTH CHOIR DIRECTOR: PHONE:

SR. HIGH ADVISOR: PHONE:

JR. HIGH ADVISOR: PHONE:

PRESIDENT, WOMEN:

PHONE:

PRESIDENT, MEN:

PHONE:

SUNDAY WORSHIP TIME(S):
(Give Summer time if different)

SUNDAY SCHOOL TIME:

SESSION MEETING DAY/TIME:

On the following pages, please list the members of your session and your board of deacons, their contact information and the committee each serves. Example:

Session Members:

Mary Jane Doe (Ms.)

MJD@yahoo.com

914-123-4567

Stewardship

845-765-4321

1 Main Street, Scarborough NY 10510

SESSION MEMBERS

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

DEACONS

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name: **E mail:** **Phone:**

Committee: **Cell:**

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address:

Name:

E mail:

Phone:

Committee:

Cell:

Address: