

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](http://www.hudrivpres.org) Choose resources, Session info & scroll down.

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](mailto:jean@hudrivpres.org)

IF YOUR CHURCH HAS A PARISH ASSOCIATE, PLEASE ENTER NAME HERE:

**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:

Is this a manse? \_

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.)  
Stewardship  
1 Main Street, Scarborough NY 10510

MJD@yahoo.com

914-123-4567  
845-765-4321

**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:**



**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:**