

**Schools Planning Cluster
Enrollment Management and Development Teams**

Please complete this form with information on your parish or cluster EMDT. Each cluster should name 6 to 9 parishioners as team members. Please complete electronically and email to schools@straphael.org or fax to 608-821-3181.

Cluster #: _____

Team Member #1

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

.....
Team Member #2

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

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Team Member #3

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____
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Team Member #4

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

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Team Member #5

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

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Team Member #6

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

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Team Member #7

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____
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Team Member #8

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

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Team Member #9

Parish Name: _____ Parish City: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Email Address (required): _____ Phone w/ area code: _____

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Thank you!