

Parish Name _____
Eucharistic Adoration Program
Perpetual & Daily Adoration Log
Hour of the day _____

Team Leader Name _____

Phone Number _____

Note: minimum of 2 adorers required for each hour

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Name of Adorer & Phone Number							
Name of Adorer & Phone Number							

Parish Coordinator _____

Phone Number _____