



# District Formation Application

(Print in black ink please) For more info on Catholic Dragons please visit our website at [www.cathdragons.org](http://www.cathdragons.org)

Today's Date: \_\_\_\_\_

example: MM/DD/YYYY

Requestor's Name: \_\_\_\_\_ Requestor's Email: \_\_\_\_\_

Parish name: \_\_\_\_\_

example: St. Pius X

Parish Address: \_\_\_\_\_

Physical address only

Location: \_\_\_\_\_  
City State/Province Country

Approving Priest: \_\_\_\_\_  
Priest's Signature

Approval Date: \_\_\_\_\_

**Official Use Only**

District Number: \_\_\_\_\_

CEO's Signature: \_\_\_\_\_

Send this application to:

Catholic Dragons  
P.O. Box 81354  
Billings, Montana  
59108-1354

Please allow 30 days for the processing of your application since the date you filled out this application.