**NEW PARTNERSHIP MASS SCHEDULE**

**Having reviewed our schedule of Masses and considered the following matters:**

* Nurturing a sense of a community gathered for worship, perhaps with fewer Masses, but with greater participation in larger numbers.
* Pastoral care of our priests and their well-being in the knowledge of the diminishing numbers in active ministry in our Archdiocese.
* The number of appointed priests in active ministry available for celebrations across the partnership parishes.
* Ensuring each priest is scheduled to celebrate no more than one Saturday Mass (morning or vigil) and two Sunday Masses on a weekend as their regular practice.
* Ensuring time for priests to meet people afterwards and to comfortably travel between churches, one and a half hours between Mass times.
* Providing some Sunday evening Masses in the partnership.
* The integration of music ministries and other ministries in a new scheduling of Masses.
* The average numbers attending each Mass, the capacity of each of the churches in the partnership.
* The distance between each of the churches and any local access issues arising around Mass times.

**The Partnership has agreed the following Mass Schedule (please insert the name of each parish in your partnership and their weekend Mass times in the boxes below):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | [Insert Parish Name] | [Insert Parish Name] | [Insert Parish Name] | [Insert Parish Name] | [Insert Parish Name] | [Insert Parish Name] | [Insert Parish Name] |
| Saturday Vigil |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| Sunday Evening |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Additional Comments** (if any)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Submitted by:**

NAME: …………………………………………………………………..……. ROLE: …………………………………………………………………………………

EMAIL ADDRESS: ….…………………………………………………………………..……… PHONE NUMBER: ……………..……………………........

**Please submit this form via email by the 1st May timeline to**

[**buildinghope@dublindiocese.ie**](mailto:buildinghope@dublindiocese.ie)

**THANK YOU!**