

REGISTRATION

Altar Server Form

Server's name: _____

Parent's name: _____

Guardian's Name: _____

Age: _____ Grade: _____ School: _____

Address: _____

Phone Numbers: Home/ Cell _____

Parent E-mail address(es): _____

Please select a first and second choice for serving Mass:

Saturday at 4:00 pm _____ Sunday at 7:30 am _____

Sunday at 9:30 am _____ Sunday at 11:00 _____

As a parent/guardian, I am willing to support my child in this important ministry.

By signing below, you understand the commitment involved and the importance of the role of an Altar Server. You are ready for the responsibility and realize that the Priest and parish community are relying on you.

Student signature: _____

Parent signature: _____

****Please return this form to the Church Office**