

REGISTRATION

Lector Server Form

Lector Name: _____

Address: _____

Phone Numbers: Home/ Cell _____

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 Lector, I am willing to support this important ministry.

By signing below, I promise to keep my and accept the responsibility the Priest and parish community are relying on me for the mass. .

Signature: _____

Parent signature: _____

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