

Altar Server Registration Form

Youth's Name _____ Current Grade _____

Street Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

***Ministry schedule will be sent by E-mail. If you need a hard copy by snail mail, please, contact the office. ***

YES: _____, I would like my son or daughter to serve at Mass.

Parent/Guardian Signature: _____

What are your preferences for Mass times that your child is available to serve?

Please indicate only the Masses you are open to attend as the scheduler program will assign you for all choices you select.

1=First Choice, 2=Second Choice

Saturday-5:00 PM Mass _____ Sunday-9:00 AM Mass _____

Training Time Your Child Plans to Attend: 10:00 am (___) 12:00 pm (___)

If your child wishes to serve but cannot make a training session, please contact Doug Rasler at the parish office.