

## Altar Server Registration Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Age of Student: \_\_\_\_\_

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

Father name \_\_\_\_\_ Mother name: \_\_\_\_\_

Phone Numbers

home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

What mass would you like to serve?

\_\_\_\_\_ 4:00 pm Saturday

\_\_\_\_\_ 10:30 am Sunday

We are looking for someone to train the Altar Servers. If you are interested please call the office 395-2470.