

Please sign-up and return to St. Patrick Parish Office or in Collection, Attn: Mrs. Sue Raymond

ST. PATRICK PARISH Altar Server Registration

First Name (name by which you like to be called) Last Name

Date of Birth

Month/Year you began to serve

Address (Street)

Name of School, Fall 2014

Grade

City, Zip

Phone Number and E-Mail

Parent/Guardian Name(s)

Section I Please check all that apply:

_____ I would like to commit/recommit to the Altar Server Ministry. I promise to live up to the responsibilities of the Altar Server Ministry.

_____ I would like to serve for parish weddings (*should have 6 months prior experience*).

Section II Please indicate the weekend Masses for which you are available to serve by writing "1" by your favorite Mass time, "2" by your second, etc. Leave blank any times for which you do not wish to serve.

_____ Sat. 4:30PM _____ Sun. 7:30AM _____ Sun. 10:00AM _____ Sun. 12 Noon

Section III Please indicate any special scheduling considerations.

_____ Children's Choir

_____ Parent's Ministry
Please describe below.

_____ Other
Please describe below

Signature of Altar Server

Signature of Parent/Guardian

Date