Please sign-up and return to St. Patrick Parish Office or in Collection; Attn: Parish Secretary
Fax: 630-257-0401 Email: stpatricklemont@sbcglobal.net

ST. PATRICK PARISH
Altar Server Registration

_____ _____ _____
First Name (name by which you like to be called), Last Name *Date of Birth* *Initial Training Date (if known)*

_____ _____ _____
Address (Street) *Name of School Attending* *Grade, Fall*

_____ _____
City, Zip *E-mail*

_____
Phone Number(s)

Parent/Guardian Name(s):

Section I *Please check all that apply:*

_____ I would like to commit 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. 5:00PM _____Sun. 7:30AM _____Sun. 10:00AM _____Sun. 12 Noon

Section III *Please indicate any special scheduling considerations.*

_____Children's Choir _____Parent's Ministry _____Other
Please describe below. *Please describe below*

Section IV *Please indicate the number of Masses you would like to serve per month.*

_____One _____Two _____Three _____Four

_____ _____
Signature of Altar Server *Signature of Parent/Guardian*

_____
Date