

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