

ST. PATRICK PARISH
New 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*

_____ *Grade/Age*

_____ *City, Zip*

_____ *Phone Number*

_____ *Parent/Guardian Name(s)*

_____ *Email address*

Section I *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., Noon

Section II *Please indicate any special scheduling considerations.*

_____ Children's Choir _____ RE _____ Parent's Ministry
 Please describe below. *Please describe below.*

Section III _____ I promise to live up to the responsibilities of the Altar Server Ministry.

_____ *Signature of Altar Server*

_____ *Signature of Parent/Guardian*

_____ *Date*

Please bring this form with you to training.