

ALTAR SERVER REGISTRATION

DATE: _____

NAME: _____

CURRENT GRADE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

PARENTS' NAMES: _____

ARE YOU, THE PARENT, INTERESTED IN HELPING WITH THE PROGRAM?

YES NO MAYBE

ANY SIBLINGS WHO ARE SERVERS? _____

WHAT MASS(ES) WOULD YOU BE WILLING TO SERVE AT? (WE WILL TRY TO ASSIGN YOU TO A TEAM THAT SERVES AT YOUR USUAL MASS, BUT SOMETIMES THAT IS NOT ALWAYS POSSIBLE AT FIRST AS WE MUST BALANCE TRAINEES OVER ALL THE TEAMS.)

4:00 P.M. 8:00 A.M. 9:30 A.M. 11:00 A.M.

ONCE COMPLETED, PLEASE PLACE THIS IN THE COLLECTION BASKET OR AT THE PARISH OFFICE.

SEND QUESTIONS TO SAINTCECILIAALTERSERVER@GMAIL.COM
OTHERWISE I WILL REACH OUT TO YOU WHEN I RECEIVE THIS FORM.
-DR. WADZINSKI