



ALTAR SERVER REGISTRATION

NAME: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

CELL / HOME PHONE: _____

EMAIL: _____

MASS PREFERENCE:

SEPTEMBER thru MAY

SATURDAY, 5:30 p.m. _____

SUNDAY, 9:00 a.m. _____

SUNDAY, 11:00 a.m. _____

JUNE thru AUGUST

SATURDAY, 5:30 p.m. _____

SUNDAY, 7:00 a.m. _____

SUNDAY, 9:00 a.m. _____

SUNDAY, 11:00 a.m. _____

For Office Use Only:

Date	Altar Server Handbook	Mass Assignment	Mass Time