



LAY MINISTER 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. _____

Area of Service

(Check all that apply)

Eucharistic Minister _____ Lector _____ Usher _____

(Please note new Lectors must be trained prior to being scheduled.)

Residence Status

Full Time _____ Summer Only _____ Approximate Dates _____

For Office Use Only:

Date	Training Materials	Area of Service	Mass Assignment	Mass Time