



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, 9:00 a.m.

SUNDAY, 11:00 a.m.

Area of Service

(Check all that apply)

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