

REGISTRATION FORM FOR ALTAR SERVERS

SERVER'S INFORMATION								
Full Name	Last	First						
Address	Number & Street Name	City	Postal Code					
Home Phone #								
Date of Birth	Day	Month	Year					
Gender (Please circle)	Female		Male					
School Grade (Please circle)	3	4	5	6	7	8	9	10
New Server (Please circle)	Yes		No					
Already a server, indicate how long	_____ years							

PARENTS' INFORMATION			
Father's Name	Last	First	
	Cell Phone #		
Mother's Name	Last	First	
	Cell Phone #		
Email Address (parents)			

Circle the mass times at which you would prefer to serve				
Saturday	5:00 PM		7:00 PM	
Sunday	8:30 AM	10:00 AM	11:30 AM	7:00 PM