

New Altar Server Registration Form

Child's Name _____ Grade Level (school yr 17/18) _____

Parent/Guardian _____ Phone # _____

Address _____
Street City Zip code

E-mail address _____

Mass Time Preference (indicate 1st and 2nd choice, or check "No preference")

_____ Saturday _____ 8:30 Sun. _____ 10:30 Sun _____ No Preference

Are you open to having the quarterly server schedule e-mailed to you? _____ Yes _____ No

Are you a registered member of St. Wenceslaus Parish? _____ Yes _____ No

My child and I are willing to make a serious commitment in serving the St. Wenceslaus parish through this important ministry.

Child's Signature _____

Parent's Signature _____

Please return to the Parish Office or email to danielle.bible@gmail.com