

ALTAR SERVER REGISTRATION FORM

Please Print

Last Name _____

First Name _____ Age _____

Address: _____

City

Zip Code

Your e-mail; _____

Parents' e-mail: _____

Home Phone: _____

Cell Phone: _____

School You Attend: _____

Grade: _____

Mass Preference - 1 being first and 4 being last:

Saturday 4:00 p.m. _____

Sunday 8:15 a.m. _____

Sunday 11:00 a.m. _____

Sunday 5:30 p.m. _____