

PLEASE RETURN THIS FORM TO THE
PARISH OFFICE

PARISH OFFICE /
COORDINATOR USE ONLY

Advised/passed on

Entered on
roster



MARY HELP OF CHRISTIANS PARISH

ALTAR SERVER'S FORM

Child's Name: _____
(First Name) (Surname)

Date of Birth: _____ M / F

School: _____ Year/Class: _____

Are you a member of Mary Help of Christians Parish? YES / NO

Would you like to receive our weekly bulletin via email? YES / NO / N/A (i.e. already receiving).

Address: _____

Email address: _____ Phone: _____

PARENT/GUARDIAN DETAILS:

NAME: _____ Contact/Mobile Phone: _____

Date of First Holy Communion: _____

(Please note that only children that have made their First Holy Communion may serve at the Altar)

I give permission for my child to be included on the Altar Server's Roster

Signature: _____ Today's date: _____

ROSTER PREFERENCES

Mass time preference: 6pm ☐

8.30am ☐

10.00am ☐

Preferred people to serve with; for example, a sibling (max 3 names)

ALTAR SERVER TRAINING REQUIRED? YES / NO

When there is a roster in place it will be distributed following group training at the church. When there is no roster in place please volunteer when you attend mass.

***Please return this form to the Parish Office.**

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT
THE PARISH OFFICE ON 02 6286 1908 OR wodensouth@cg.org.au.