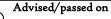
PARISH OFFICE /		
COORDINATOR USE ONLY		



Entered on roster



## MARY HELP OF CHRISTIANS PARISH ALTAR SERVER'S FORM

Child's Name:			
Date of Birth:	(First Name)	(Surname) M /F	
Date of Bittii.		1/1 / 1	
School:		Year/Class:	
Are you a member of Mary Would you like to receive of	<u> </u>	rish? YES / NO email? YES / NO / N/A (i.e. already receiving).	
Address:			
Email address:		Phone:	
PARENT/GUARDIA	N DETAILS:		
NAME:	Contact/Mobile Phone:		
Date of First Holy Commu (Please note that only children that		 oly Communion may serve at the Altar)	
I give permission for my child	to be included on the Alto	ar Server's Roster	
Signature:		Todays date:	
	ROSTER P	<u>references</u>	
Mass time preference:	6pm ○ 8.30am ○		
	10.00am O		
Preferred people to serv	ve with; for example	e, a sibling (max 3 names)	
ALTAR SERVER TRAIN	ING 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.