

# ALTAR SERVER INFORMATION

*(Saint Rosalie Roman Catholic Church, Harwood Heights, IL)*

Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Street

City,

State Zip code

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

THE MASS SCHEDULE IS LISTED BELOW.

PLEASE CIRCLE WHICH MASSES YOU WOULD LIKE TO SERVE.

***Saturday 4:00PM Sunday 9:00 AM; 10:30 AM; 12:00PM***

- *Are there any weeks of the month that you cannot be assigned to serve Mass? For example: first and third.* \_\_\_\_\_
- *Is there any other information not on the form that would affect your ability to serve Mass? Please be specific.*  
\_\_\_\_\_
- *Is there a sibling or parent with which you would like to be scheduled at the same times? If yes, please write the name(s) of family members with which to serve at the same Mass.* \_\_\_\_\_

**I have read and understand the responsibilities of an altar server and have attended the proper training session(s).**

\_\_\_\_\_  
Altar Server Signature

\_\_\_\_\_  
Parent signature