



**St. Christopher Church
Altar Server Ministry**

NAME: _____

ADDRESS: _____

BIRTHDAY: _____

TELEPHONE: Home _____
Cell _____

EMAIL: _____

SCHOOL: _____

GRADE IN SEP: _____

FATHER's NAME: _____

Home No. _____

Cell No. _____

MOTHER's NAME: _____

Home No. _____

Cell No. _____

MASS CHOICE:
#1 _____
Day/Time

#2 _____
Day/Time

I am willing to serve whenever I am needed: YES NO

I can substitute most of the time: YES NO

I am available for Special Masses, Holy Days, etc: YES NO