

ALTARSERVERS REGISTRATION

HOME TELEPHONE NO.

REGISTRATION DATE

LAST NAME

FIRST NAME

ADDRESS

CITY

POSTAL CODE

NAME OF SCHOOL _____

GRADE _____

AGE _____

WHEN DO YOU ATTEND MASS _____ TIME _____

RESERVED FOR THE OFFICE - DO NOT FILL THIS SECTION

INTERVIEWING PRIEST OR LEADER: _____

Annotation: _____

