



St. Catherine of Siena Parish

Lector Registration

Name: _____

Date: _____

I would like to Lector at: **Daily Mass**

Yes No

I am available to Lector on: **Holidays**

Yes No

I am available on: **Holy Days**

Yes No

(Please circle preference: 12:10 or 7 PM)

I am available to Lector on **Saturday**: 4:30 PM _____ Please indicate:

I am available to Lector on **Sunday**: 7:00 AM _____ 1st choice, 2nd choice

8:30 AM _____

11:00 AM _____

1:00 PM _____ Spanish only

Phone # () _____

Email: _____ *(Schedules sent via email only)*

Signature: _____

Please return this form to the Parish Office located at:
1125 Ferry Street (925) 228-2230 (Mailbox drop is ok)

Special Notes:

FOR OFFICE USE ONLY:

- * Parish Registration _____
- * Virtus Training _____
- * Volunteer Form _____
- * Lector Training _____