## Altar Server Application Parish of the Precious Blood Holy Rosary Catholic Church

Name:	_ Grade:_		_ Age:
Please Print			
Mailing Address:			<del></del>
Phone Number:	<del></del>		
Mass Preference to serve (circ	le one)		
Saturday 4: F	P.M.	Sunday	9 A.M.
Parents/Guardians			
Please Pi	 rint		
Parents/Guardians: We would like important Ministry. Please sign below if required. Your child will be responsible for scheduled Mass. We ask that you attend understands the responsibilities involved unless you feel that they are mature enoof age, they should have completed Confiderrent servers are encouraged to apply, reminding of the proper behavior while servers. Please let us know if you have any	f you accept so for finding a re I training as we d. It is advisable ough to serve t firmation and , regardless of serving, we as	upport for the toplacement if the ell and ensure the that children this Ministry. If First Communitinger, age. If you not k that you spea	training that will be ney cannot serve the that your child be age ten or older, the child is under 10 year on. Mature siblings of ice your child needs lk with your child after
Parent Signature:		Date:	
Please return the completed application	•	•	he Coordinators.

Cindy Blanchette 498-2175 Mary Ellen Field 498-6779