

Saint Philip Church

Greenville, Rhode Island

ALTAR SERVER REGISTRATION FORM

Last Name: _____

First Name: _____

Address: _____

Phone: _____

Cell: _____

School: _____

Grade: _____

PLEASE NOTE: Email will be the primary means of communication, especially for scheduling purposes. Please provide an email address that we may contact you at; it may be either the altar server's personal address or a parent's email.

Email: _____

(Please print clearly)

Mass Preferences:

Please indicate the Masses at which you would like to serve and number them accordingly by order of preference. (ex. 1, 2, 3)

4:00 PM ___ 8 AM ___ 9:30 AM ___

11:30 AM ___ 6 PM ___



**PLEASE RETURN THIS FORM TO THE SACRISTY, RECTORY OFFICE,
RELIGIOUS EDUCATION OFFICE, OR ST. PHILIP SCHOOL OFFICE.**

THANK YOU FOR YOUR WILLINGNESS TO SERVE!