



ST. MARGARET, QUEEN OF SCOTLAND

ST. THOMAS CHAPEL • SPRINGFIELD

Post Office Box 100 • Albany, Louisiana 70711-0100 • 225.567.3573

ALTAR SERVER ENROLLMENT FORM

ALTAR SERVER'S FULL NAME: _____

MAILING ADDRESS: _____
Street Address or Post Office Box Number

_____ City State Zip Code

HOME PHONE NO.: _____ CELL PHONE NO.: _____

STUDENT: PLEASE COMPLETE BALANCE OF FORM AND HAVE PARENT/GUARDIAN SIGN.

PARENT/GUARDIAN WITH WHOM YOU LIVE: _____

GRADE LEVEL IN SCHOOL: _____ NAME OF SCHOOL: _____

EMAIL ADDRESS: _____

- Please check which Mass you would like to serve:
- St. Margaret 4:00PM Vigil
 - St. Margaret 10:00AM
 - St. Margaret 5:30PM
 - St. Thomas 8:00AM

I would like to become an Altar Server and make a commitment to this ministry. I understand that I will receive a schedule of Masses in advance of the time I am assigned to serve. I also understand that, if I cannot serve as scheduled, **IT IS MY RESPONSIBILITY** to secure a replacement; if I do not get a substitute when unable to serve, or if I miss three (3) of my assignments without a good excuse, I will automatically be taken off the Altar Server list.

Altar Server Signature

As parent/guardian, I understand that my child is requested to be at Church at least 15 minutes before Mass time, and that he/she understands his/her responsibility as an altar server.

Signature of Parent/Guardian

Date

TRAINING: set up at your convenience with **Kristen Beard**
Kristenbeard72@gmail.com

Completed enrollment form must be returned at or before individual training.