

SAINT IGNATIUS OF LOYOLA CATHOLIC COMMUNITY

Altar Server Mass Request Sheet

(To be completed by new Altar Servers upon successful conclusion of training, or at anytime for existing/experienced Altar Servers, to express schedule preference)

ALTAR SERVER:

Name: _____

Address: _____

School: _____ Grade: _____

Phone: _____ E-Mail address: _____

If in Religious Education: I attend the _____ session on SAT ___ Sun ___
Time

Please coordinate my Altar Serving assignments with other family members in these ministries at St. Ignatius:

- | | | |
|------------------|----------------------------------|--------------------------|
| ___ Lector | ___ Member of the Music Ministry | ___ Eucharistic Minister |
| ___ Commentator | ___ Cross Bearer | ___ Usher |
| ___ Greeter | ___ CLOW Catechist | |
| ___ Other: _____ | | |

Identify

Worship preference: Select as many as apply and prioritize by 1st preference, 2nd preference, 3rd preference,

- Saturday @ 5:30 _____
- Sunday @ 8:00 _____
- Sunday @ 10:00 _____
- Sunday @ 12:00 _____

Masses you **cannot** serve: (Select as many as apply. You cannot choose both 10:00am on Sunday and 12:00 noon on Sunday)

- Saturday @ 5:30 _____
- Sunday @ 8:00 _____
- Sunday @ 10:00 _____
- Sunday @ 12:00 _____

Additional Scheduling Considerations:

PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR FAX TO THE PARISH OFFICE AT 301-695-0259

