

St. Mark Catholic Church

345 Glad Park Avenue, Stouffville, ON L4A 1E4
(905) 640-6954

ALTAR SERVER REGISTRATION FORM

OPEN TO GRADES 3 TO 8

Please complete the form and email it to cdawson@archtoronto.org

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME TELEPHONE: _____

MOTHER'S FIRST & LAST NAME: _____

FATHER'S FIRST & LAST NAME: _____

MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____

EMAIL (Schedules and special requests will be sent to this email): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

NAME(S) OF SIBLING(S) WHO CURRENTLY ALTAR SERVE:

WHICH MASS DO YOU PREFER TO SERVE AT? (PLEASE CHECK ONE)

Saturday 5:00pm _____ Sunday 9:00am _____ Sunday 11:00am _____

SCHOOL: _____ GRADE: _____

Please note here any circumstances or conditions affecting your availability which should be considered when making up the monthly serving schedule:

NAME & PERMISSION OF PARENT/GUARDIAN: _____

SIGNATURE: _____ DATE: _____