St. Ambrose Catholic Church

ALTAR SERVER NEW COMMITMENT REGISTRATION

| NAME: | | | | |
|------------------|----------------|--|-------------------------------|--|
| ADDRESS: | | | | |
| | City: | | State: | Zip Code: |
| PHONE #: | | | _E-MAIL: | |
| SCHOOL: | | | | |
| GRADE: | | | | |
| AGE : | | | | |
| MASS PREFE | ERENCE (please | e indicate order of pr | reference) | |
| 5:00 pm SATURDAY | | <i></i> | 12:00 | pm |
| 8:00 am | | | 5:00 p | m (SUN) |
| 10:00 | 0 am | | | |
| | _ | e you your choice o occasionally, as pari | | er, we hope you are willing to nank you! |
| | | (Parent or Guardian | - PLEASE SIGN BELOW |) |
| Dear Father | ·s: | | | |
| I hereby give | e my permissio | on to have my son | | se print name. |
| | - | | e to support him i | n this commitment by making Iasses and liturgical functions |
| (Parent or G | Guardian) | | (Date) | |
| Parents, if | you would like | to help with the lau | ndering of cassocl | ks and surplices, please check |
| | the box. Th | is occurs only a few | times each vear. ⁻ | Thank you. |