



"I CAN DO ALL THINGS THOROUGH CHRIST WHO STRNEGTHENS ME" PHILIPPIANS ~4:13

### ALTAR SERVER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RE-PRINT EMAIL: \_\_\_\_\_

(Note: Phone and email will be shared for the purpose of a substitute list)

GRADE: \_\_\_\_ CABRINI ELEMENTARY: \_\_\_\_ RELIGIOUS EDUCATION: \_\_\_\_

### **MASS TIMES I PREFER TO SERVE ON THE WEEK-ENDS:**

SAT @ 5:00 p.m. \_\_\_\_ SUN @ 8:00 a.m. \_\_\_\_ SUN @ 10:00 a.m. \_\_\_\_

SUN @ 12:00 p.m. \_\_\_\_ SUN @ 7:00 p.m. \_\_\_\_

*I AM INTERESTED IN SERVING AT WEEK-END MASSES ONLY:*

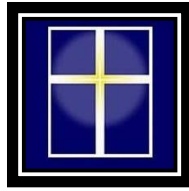
*I AM INTERESTED IN SERVING AT WEEK-END MASSES AND SCHOOL MASSES:*

*I AM INTERESTED IN SERVING AT SCHOOL MASSES ONLY:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✠ A training session must be completed before service can begin. Please contact Fr. Dominic (fr.dominic03@gmail.com) or Darlene Kmita (darlene516@gmail.com) to schedule. Please return completed sheet to Darlene Kmita.

St. Frances Cabrini Parish  
9000 Laurence  
Allen Park, 48101  
Attn: Darlene Kmita



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## **St. Frances Cabrini Altar Server Agreement Form**

Server Name: \_\_\_\_\_

Servers may be asked to serve a Mass other than their choice in order to cover the Masses for which we do not have enough servers.

- ✝ Please do not assume there are other servers if you don't show up.
- ✝ Please arrive 15 minutes to Church before you are scheduled to serve.
- ✝ If you cannot come to the Mass you have been assigned, you must find a replacement.
- ✝ Three servers will be assigned to each Mass.
- ✝ In the event of a serious illness and after having made an effort to find a substitute but unable to, please inform the Altar Server Coordinator and make them aware of this.

✝ **I have read the above and the Altar Server Manual and agree to follow the guidelines:**

\_\_\_\_\_  
**Altar Server's Signature**

✝ **I will accept the responsibility of my child being an Altar Server and will insure they will be present as assigned or that a replacement will be contacted.**

\_\_\_\_\_  
**Parent Signature**

Please return completed sheet to Darlene Kmita:

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Allen Park, 48101  
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