## **Altar Server Application Form**

Saint Stephen Catholic Church, 5049 Bell Shoals Rd, Valrico, FL 33596

INITIAL TRAINING DATE

FIRST NAME	LAST NAME			F	AGE	GRADE
PARENTS'	NAMES	PHONE NUMBER(S)				
MAILING AI	DDRESS	EMAIL ADDRESS				

Does either parent s	erve	as a	Eucharist Minister?	Ν	Υ	If YES, please indicate name(s):
Do you attend St. Ste	ephe	n Sc	hool?	Ν	Y	
Have you received First Communion? N Y		Y				
Would you be willing to serve at:					NOTE: If you attend St. Stephen School, you should also notify school officials of	
Weddings	Ν	Υ	Funerals	Ν	Υ	your willingness to serve at weddings and funerals during the school day

Mass Preferences (Please Mark '1' for first, and '2' for second preference)				
DAY	TIME	PREFERENCE (1 or 2)	DESCRIPTION	NOTES: * Please be aware that Saturday 6 PM, and Sunday 9:30 AM & 5:30 PM are
4:00 PM			our most "popular" preferences for servers. As such, if you mark any of	
Saturday	6:00 PM*		Life Teen Mass	these as your first choice, we may not be able to initially schedule you for these Masses. Therefore, please consider the other Masses.
	8:00 AM			
Sunday	9:30 AM*			
	11:30 AM			
	5:30 AM*		Life Teen Mass	

Allergies or Health Concerns? N Y If yes, please list	
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Emergency contact		Emergency Phone #	
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As the parent ofat training, Mass, or events pertaining to the c	I hereby understand and agree that a hurch may be used in Parish related media, publicatior	<b>,</b>
Printed Name	Signature	Date