

LITURGICAL MINISTRY FORM

LAST NAME: _____

FIRST NAME: _____

E-MAIL: _____

PHONE: H- _____ C- _____

ADDRESS: _____

MINISTRY (CIRCLE ALL THAT APPLY)

READER

EXTRAORDINARY MINISTER

ALTAR SERVER

HOSPITALITY

MUSIC

(Indicate choice 1st or not at all)

Saturday:

Sunday:

4pm _____

8am _____

6pm _____

10:45am _____