St. Andrew Catholic Church Ministry Scheduling Form

We would like your preferences so that we can best meet your family's needs. Please complete this form and return it as soon as possible. We cannot schedule you without it. Thank you!

PLEA	SE PRINT	CLEARLY			
Name	:				
Minist	try:	Altar Server	Lector	Eucharistic M	inister
Parent	ts (if applicab	le):			
Best E	Email Address	s:			
Best P	Phone Numbe	r (circle one): hom	e or cell		
1. Wh	ich Mass do	you attend regular	y and prefer to serv	ve? Please circle all that a	pply.
	Saturday 6p	m Sunday	10am Sun	day 5pm (Youth Mass)	No Preference
2. For	-	• •	like Christmas, whi	ich may fall during the we	eek, which would you
	Vigil Mass	(night before)	Midnight Mass	Day/Morning Mass	No Preference
3. Do	you have any Minister, et		e in other Mass mi circle one: Yes	nistries (Altar Server, Led or No	etor, Eucharistic
	•	•	elatives to be scheduse circle one: Yes	luled together, so everyor or No or	ne serves at the same No Preference
	3b. If yes, p	lease list all relativ	ves and their corres	ponding ministry.	
4. Hov	w would you	prefer to receive y	our ministry schedu	ule? Please circle one.	
	Email	Pick Up Paper	Copy No l	Preference	