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!

PLEASE PR	INT CLEARLY			
Name:				
Ministry:	☐ Altar Server	☐ Lector	☐ Eucharistic	Minister
Parents (if app	olicable):			
Best Email Ac	ddress:			
Best Phone No	umber (circle one): home	or <i>cell</i>		
\square Sat	as do you attend regularly 6pm (English) n 10am (English)		Please check all that a 12:30 (Spanish) 5pm (Spanish)	pply.
prefer	Masses on Holy Days, like to be scheduled: Please class (night before) ☐ Mi	heck all that apply.	-	-
•	re any relatives that serve ter, etc)? Please ch	in other Mass ministreck one:	,	etor, Eucharistic
3a. If y	yes, would you like all rel Mass, if possible? Please		•	
3b. If y	yes, please list all relative	s and their correspond	ding ministry.	
	l you prefer to receive you ail □ Pick U	•		nce

Please return this form to the Parish Office.

You can also email your responses to acc7067@standrewchurch.net