

Acolyte Registration Form

Name _____

Address _____

City _____ Zip Code _____

Phone Number _____ Grade _____

Email _____ (please print clearly)

I would like to be a partner with (optional) _____

_____ I plan to be a member of the Connection Choir

_____ I can be a substitute Acolyte on short notice.

Please list below Sundays that you know you will be unavailable due to vacations, sports, class trips, or other activities.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I would prefer to Acolyte at the 9:30 service.

_____ I would prefer to Acolyte at the 11:00 service.

_____ I will be available to Acolyte on Thanksgiving Eve.

_____ I will be available to Acolyte on Christmas Eve.

I do not choose to become an Acolyte because _____

Parent's Signature _____

Four parents are needed to assist by making 2 phone calls each week and being present on Sunday mornings. _____ I am willing to help with the Acolyte Program