

Acolyte Information Sheet

Child's Name: _____

Address: _____

Phone: _____

Age: _____ **Grade:** _____

(Must be 3rd grade or higher)

Service to acolyte (check one):

8:30am _____ **11:00am** _____

Parent's Name: _____

Parent's Address: _____

Parent's Phone: _____

Email Address: _____