

9 AM YOUTH MASS

(Sundays during the school year)

2017-2018

Name of Child _____
FIRST MIDDLE LAST

Age ____ Grade 17/18 ____ Name of School _____ Preferred Name _____

Child Lives With: (Circle One)

BOTH PARENTS FATHER MOTHER FATHER & STEPMOTHER MOTHER & STEPFATHER

Dad's Full Name Address (Street) City Zip Home Phone #

Mom's Full Name Address (Street) City Zip Home Phone #

Dad's Work # _____ Dad's Cell # _____

Dad's e-mail _____

Mom's Work # _____ Mom's Cell # _____

Mom's e-mail _____

PLEASE CHECK THE AREAS IN WHICH YOU WOULD LIKE TO PARTICIPATE

CARRY WINDSOCKS/BANNERS _____ OFFERTORY (Bread, Wine & Water) _____

READER (grades 5-8) _____ CHRISTMAS EVE LITURGY _____

United States Flag _____ Louisiana State Flag _____

Papal Flag _____ I am a member of the choir _____

Please contact Children's Liturgy Coordinator, Ann Soike, with suggestions or questions:

E-mail: ags102@yahoo.com

Home Phone (225) 923-1915

Please return by Friday, August 25, 2017 to the OLOM School Office or the OLOM Church office,
or email this completed form to the address above.