Special Mass Ministry Request	Office Use Only Date:	
All special Mass ministry needs must be requested at least	st 45 days prior to the Mass using this form. Turn	
in completed form at the church office to Antoinette Usher. Thank you!		
Name of special Mass:		
Date/time:		
Coordinator s name.		
Coordinator' phone number:		
Coordinator's email:		
Your group's contact person at the mass:		
Expected attendance at the mass:		
Name of Celebrant and Deacon (if you know):		
Location of Mass (circle one): Sanctuary Chapel		
Music Ministry		
Do you need music? (circle one): YES NO		
Do you need music! (circle one). TES NO		
Altar Servers		
Do you need Altar Servers? (circle one): YES NO		
Have you already or will be recruiting Servers from your	group? (circle one): YES NO	
Names:		
Will a Bishop be a celebrant? (circle one): YES NO		
Eucharistic Ministers		
Do you need Eucharistic Ministers? (circle one): YES NO)	
How many EMs do you need?:	_	
Have you already or will be recruiting EMs from your gro	up? (circle one): YES NO	
If yes, list their name and contact information		
Name:		
Phone number:	_ Email address:	
Name:		
Phone number:	Email address:	
Name:		
Phone number:	_ Email address:	
If more EMs, list on back.		
Loctore		
Lectors De vous mond londours? (circle and): VES NO		
Do you need Lectors? (circle one): YES NO		
Are there special readings? (circle one): YES NO		
If yes, list the special readings:		
How many Lectors do you need?: Have you already or will be recruiting Lectors from your group? (circle one): YES NO		
	group? (circle one): YES NO	
If yes, list their name and contact information		

Phone number: _____

Phone number:

Phone number:

Name:_____

Name:_____

Email address: _____

Email address: _____

Email address: ______

Ushers		
Do you need Ushers? (circle one): YES NO		
How many ushers do you need?:		
Have you already or will be recruiting Ushers from your group? (circle one): YES NO		
If yes, list their name and contact information		
Name:		
Phone number:	Fmail address:	
Name:		
Phone number:		
Name:		
Phone number:	Fmail address:	
If more Ushers, list on bottom of form.		
Audio Video Ministry		
Do you have A/V needs? (circle one): YES NO		
Describe your A/V needs:		
Sacristans		
Do you need a Sacristan? (circle one): YES NO		
If you have already recruited a sacristan, list his/her name and contact information:		
Name:		
Phone number:	Email address:	
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Additional Comments:		