THIS FORM MUST BE SUBMITTED FOR YOU TO ATTEND MASS

Date and time of mass you are attending. ___________________ Contact Phone Number ___________________

First and last name of all members of your family/group that will be attending mass. _______________________

Is everyone in your family/group feeling well today? _______________________

Has anyone in your family/group been exposed to covid-19 in the past 2 weeks? _______________________

Has anyone in your family/group been asked to self-quarantine in the last 14 days? _____________________

Please let us know if you are able to volunteer before or after future masses and what you'd be interested in doing. (check in table, escorting to seats, guiding during communion and dismissal, cleaning, etc.) ____________________________

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