

**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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