

ST ROSE CATHOLIC CHURCH

MASS RESERVATION FORM

(To be completed each week that you wish to attend mass)

TURN IN BY NOON ON FRIDAY

EMAIL to: reservation.strosechurch@gmail.com or drop at the church office

MASS YOU WISH TO ATTEND (Circle One) Saturday 4:00 PM Sunday 10:00 AM

RESERVATION NAME (FIRST AND LAST) _____

CONTACT PERSON PHONE NUMBER _____

CONTACT PERSON EMAIL ADDRESS _____

NUMBER OF FAMILY MEMBERS IN SAME HOUSEHOLD ATTENDING _____

ST ROSE PARISHIONER (Circle One) Yes No

WILL ANY MEMBER OF YOUR PARTY **NOT** BE ABLE TO WEAR A MASK FOR THE ENTIRE MASS
Yes No

IF YES, PLEASE STATE WHY: _____

WILL YOU VOLUNTEER (Circle all those that you are willing to assist with)

GREETER USHER SANITIZING TEAM

LIST ADDITIONAL FAMILY MEMBERS WHO CAN VOLUNTEER _____

COMMENTS: _____

HEALTH QUESTIONS THAT WILL BE ASKED UPON ARRIVAL (These pertain to all members of your Party)

1. Have you checked your temperature today?
2. Does any member of your party have a fever today?
3. Are you feeling ill?
4. Have you been ill in the past 14 days?
5. Do you have a cough?
6. Have you been directly exposed to someone with COVID-19 in the last 14 days?
7. Have you traveled outside of the area in the past 14 days?