

# First Eucharist 2019-2020

## Mass Selection

---

Child's First Name

Child's Last Name

**Please designate your selections 1<sup>st</sup> choice and 2<sup>nd</sup> choice**

**Filled to capacity**

**5:00 PM Mass, Saturday April 25th**

**Filled to capacity**

**10:30AM Mass, Sunday April 26th**

**Group #3**

\_\_\_\_\_

**5:00 PM Mass, Saturday May 2nd**

**Group #4**

\_\_\_\_\_

**10:30AM Mass, Sunday May 3rd**

Parent name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please return this form by February 5, 2020 to:

[mbartoldson@stpatrickmalvern.org](mailto:mbartoldson@stpatrickmalvern.org)

or

Religious Education Office  
St. Patrick Parish  
131 Channing Avenue  
Malvern, PA 19355