

KUMC 8-Week CONFIRMATION 2010

Please return this form (along with the completed Emergency Medical Form) and a check for \$35 made out to KUMC to Cathy Parva at the Church office by Jan. 31st, 2010

Student's full name _____
As you want it on the Confirmation Certificate

Name Student wants on nametag _____ Grade _____ T-Shirt Size: Adult S M L XL

School _____ Birthday _____ Home Phone _____ Email _____

Address _____

Father's name _____

Address _____

Phone: H _____ W _____ Member KUMC? _____

Mother's name _____

Address _____

Phone: H _____ W _____ Member KUMC? _____

Has your child been baptized? Yes _____ No _____ Not sure _____

If yes, name of church and pastor _____

If no, where was your child born? _____

Volunteer Opportunities

I would like to help with the following:

_____ Small group leader

_____ Spring Retreat chaperones

_____ Help serve snack supper

_____ Help organize Confirmation dinner

_____ Refuge Host Home

