

## Confirmation 2019-20 Mass Preference Form

**DUE 1/25/20** 

Child's Last Name	Child's First Name
Parent's Last Name	Parent's First Name
Phone Number	Email Address
PSR: or St. Mary School: (please cl	heck one)
Please indicate your preference below	
<ul> <li>Confirmation: Saturday, May 2, 10:00 a.m.</li> <li>Confirmation Rehearsal:</li> <li>Wednesday, April 29, 4:30 – 5:30 p.m.</li> </ul>	Confirmation: Saturday, May 2, 1:00 p.m.  Confirmation Rehearsal:  Wednesday, April 29, 6:30–7:30 p.m.
Special Considerations (wheelchairs, events, fami	ly out of town, etc.):
Would someone in your family, who is currently to assist us in the liturgy? Please list their names a	
Name Eucharistic Ministers:	Phone Number/Email
Servers:	
Program Distributors:	