LUTHERAN CHURCH OF THE MASTER

2019-2020 CONFIRMATION REGISTRATION FORM

(6th, 7th & 8th grade students)

PLEASE PRINT

Parent / Guardian Name(s): _____

Student's **Full** Name: _____

(First) **(Full Middle - required!)** (Last)

Address: _____

(Street) (City) (Zip)

Date of Baptism:_____

Home Phone Number:_____ Work Phone Number _____

Parent Cell Phone Number: _____ Parent e-mail: _____

Student Cell Phone Number: _____ Student e-mail: _____

Student Grade Year (as of 9/1/2019) _____

Can you Help?

I am willing to help with the coordination of one or more areas of assistance:

_____**Administrative Support** (*track attendance for worship, serving in worship, sermon notes)*

_____**Retreat & Camp Coordination** (*planning the event and possible adult supervision/chaperone)*

_____**Service Projects** *(Planning, coordination, possible adult supervision)*

_____ **Hospitality Coordination** (*Once a month, sponsor a café based on donation and provisions for a weekly snack)*

_____ **Eighth Grade Confirmation and Sunday Celebration Coordination** *(assist with robes, pinning carnations, cutting/serving cake)*

_____ **Healthy Snack**

_____

(parent signature)