

RSVP

From Darkness to Light Confirmation 2009

Name: _____

- Yes, I will be attending the Confirmation 2009 events, including the Retreat at Camp Calvin.
- No, I will be unable to participate in Confirmation 2009.
- I would like to arrange a meeting with Dr. DeCelle to discuss my Baptism as part of Confirmation.



**Please supply as much of the following information as possible.
It will help your Confirmation Sponsor get to know you better.**

Full Name (first, middle, last, suffix): _____

Tell us about your family: _____

Approximate date/location of Baptism: _____

E-mail Address: _____

Your School: _____

Your Interests/Hobbies: _____

Any Special Needs for Retreat (i.e. food allergies, etc.): _____

Christian Adults in Your Life

Please list at least 3

(i.e., grandparents, grown siblings, church teachers,
youth advisors, aunts/uncles, teachers, etc.).

Name: _____

Relationship: _____

Address/Phone: _____

Name: _____

Relationship: _____

Address/Phone: _____

Name: _____

Relationship: _____

Address/Phone: _____

Name: _____

Relationship: _____

Address/Phone: _____

Please Return by January 28

